

FILE TITLE/NUMBER/VOLUME: HARVEY, WILLIAM R.  
O.P. FILE

**CUSTODIAL UNIT/LOCATION:** \_\_\_\_\_

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME PERIOD  
MATERIAL

[illegible]

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

FILE TITLE/NUMBER/VOLUME:

**INCLUSIVE DATES:**

**CUSTODIAL UNIT/LOCATION:**

**ROOM:**

DELETIONS, IF ANY:

PERSONAL & UNRELATED TIME PERIOD  
MATERIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

NEW YORK TIMES  
24 JUNE 1976

## W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reported by the head of a special Central Intelligence Agency group set up in the 1960's to plan the removal of foreign leaders by means including assassination, died of a heart attack last Wednesday in an Indianapolis hospital.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castro assassination plot had been approved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

At the time of his death, Mr. Harvey was law editor for Bobbs-Merrill Publishing Company.

He was buried Saturday at South Cemetery in Danville, just west of Indianapolis. He is survived by his wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

68-154

13 FEB 1968

Mr. William King Harvey  
28 West Irving Street  
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms  
Director

OP/BSR/RB/MJRoper:jsc

Rewritten:ExDir:sbo

Distribution:

0 - Adse

1 - ER

1 - C/EAB/OS

1 - D/Pers

1 - OPF

1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey  
28 West Irving Street  
Chevy Chase, Maryland 20815

Dear Bill:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than twenty-six years of service to your country. The success with which you have met them should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms  
Director

Distribution:

0 - Addressee  
1 - EDCI  
1 - ER  
1 - C/EAB/CS  
1 - E/Pers  
1 - OPP  
1 - RB  
1 - RB Reader

Originator:

Director of Personnel

Concur:

C/EAB/CS

GP/BSD/RB/MINoper:jsc (26 December 1967)

**\*\*NOTE:** Covert correspondence.

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
										23 December 1967							
1. SERIAL NUMBER		2. NAME (Last-First-Middle)															
051164		HARVEY, William K.															
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED				5. CATEGORY OF EMPLOYMENT									
Retirement - CIA Retirement System (Voluntary) AND DISABILITY				MONTH: 12 DAY: 31 YEAR: 67				Regular									
6. FUNDS		V TO V		V TO O		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)									
V TO V		V TO O		X O TO O		8136-1186		15-23-643 233									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/EUR Development Complement						Wash., D. C.											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
Ops Officer						9997		D									
14. CLASSIFICATION SCHEDULE (GX I.B. etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
GS				0135.01		18 1		\$ 27055									
18. REMARKS																	
Mr. Harvey is not recommended for the Agency Reserve List.																	
<i>Revised by Mike Roper, R.B. by telecon 12/29/67.</i>																	
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
45		10		NUMERIC ALPHABETIC						1		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX					
MO. DA. YR.				1-EX 2-FEA 3-NONE		CODE		TYPE MO. DA. YR.		EOD DATA							
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE 0-NONE 1-5 PT 2-10 PT		MO. DA. YR.		MO. DA. YR.		CAREER CATEGORY 1-YES 2-NO		CODE 0-WAIVER 1-YES		HEALTH INS. CODE							
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT.		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE 0-NONE PREVIOUS SERVICE 1-NONE BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS				FORM EXECUTED CODE NO. TAX EXEMPTIONS							
						1-YES 2-NO				1-YES 2-NO							
45. POSITION CONTROL CERTIFICATION						46. OFF. APPROVAL						DATE APPROVED					
1-9-68 11-21						<i>[Signature]</i>						28 DEC 1967					

FORM 1152 USE PREVIOUS EDITION

P SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

*[Signature]*  
11/29/67

1-3 24

MEMORANDUM FOR: Director of Central Intelligence

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. William K. Harvey, GS-18, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.

3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-501.

[illegible]

10/10/1944

Emmett D. Echols  
Director of Personnel

**The recommendation contained in paragraph 4 is approved:**

[illegible]

167 Richard Helms

Director of Central Intelligence

15 DEC 1967

Date \_\_\_\_\_

SECRET

1. The first step is to identify the problem.

SECRET

**Distribution:**

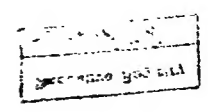
- 0 - Return to D/Pers **3 25 PM '67**
- 1 - DDCI
- 1 - ER
- 1 - D/Pers
- 1 - OPF
- 1 - RB Soft file (w/hold)
- 1 - RB Reader

**OP/FSD/RE/MJRoper:tlh (7 December 1967)**  
**Retyped: OP/FSD/RDeFelice:jaa (11 December 1967)**

TO: [illegible]  
FROM: [illegible]  
SUBJECT: [illegible]  
[illegible text follows, mostly obscured by noise and bleed-through]

DEC 16 10 18 AM '67

SECRET





14-00000

*Personal Information*

7:25. mince  
not in

7-18

25.890

Op. officer

Conv. 2-25-67

EOD. 20 Sept 47

2:25. weekly

10-  
12. not in  
12.45 not in  
1.15 not in  
1.30 not in  
2.00 not in

**SECRET**  
(WHEN FILLED IN)  
**STATEMENT of EARNINGS and DEDUCTIONS**

NAME <b>HARVEY WILLIAM K</b>	EMPLOYEE NO. <b>061164</b>	PAY PERIOD DATE <b>04/09 05/06</b>	ROLL <b>01</b>	COST CENTER <b>1361186</b>	STA <b>000</b>
---------------------------------	-------------------------------	---------------------------------------	-------------------	-------------------------------	-------------------

CD	EARNINGS		DESCRIPTION
	NORMAL	OTHER	
01	199200		REG SAL

**NOTE:**

THIS FORM IS ISSUED ONLY WHEN AN  
EMPLOYEE ENTERS ON DUTY OR THERE  
IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS		DESCRIPTION
	NORMAL	OTHER	
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS UR LIC
61	1374		0820 WOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA							REFUND DUE FROM EMPLOYEE			NET PAY		
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-NT AMT	N/D AMOUNT	CD	NORMAL	OTHER	CD	NORMAL	OTHER
										99	147012	

REMARKS:

PAID AT HQS.

147012

SECRET

(If New, Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 27 February 1967	
1. SERIAL NUMBER 061164		2. NAME (Last-First-Middle) HARVEY, WILLIAM K									
3. NATURE OF PERSONNEL ACTION CONVERSION FROM FSR STATUS				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 25 67			5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS V TO V CF TO V		V TO CF XX CF TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 7136-1207-1186			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD <i>Dis Conf</i> SOUTHERN REGION ZONE STATION OFFICE OF THE CHIEF (UNASSIGNED)				10. LOCATION OF OFFICIAL STATION <i>Wash, D.C.</i> <del>ROME, ITALY</del>							
11. POSITION TITLE <i>Chief of Station</i> CHIEF OF STATION				12. POSITION NUMBER 4997 0000		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (G.S. L.B., etc.) GS		15. OCCUPATIONAL SERIES 0136.01 0136.05		16. GRADE AND STEP 18-1		17. SALARY OR RATE \$ 25,890					
18. REMARKS <i>Other</i>  cc payroll											
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Richard E. Westerman</i> Richard E. Westerman, C/P/Personnel				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Russ Lang</i>				DATE SIGNED 2/26/67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 55	20. EMPLOY CODE N	21. OFFICE CODING NUMERIC ALPHABETIC 44997 C/P/Personnel		22. STATION CODE 55243	23. INTEGRITY CODE	24. HOURS CODE 1	25. DATE OF BIRTH MO. DA. YR. 09/13/16	26. DATE OF GRADE MO. DA. YR. 1	27. DATE OF LEI MO. DA. YR.		
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 3-FICA 5-NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ NO		34. SEN	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA. YR.	37. LONG COMP DATE MO. DA. YR.		38. CAREER CATEGORY EAB, RESV PROV, TEMP	39. FEGLI/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION 3-15-67 mmw		
46. OP APPROVAL <i>Pat Ball</i>						DATE APPROVED 27 Feb 67					

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED					
1. SERIAL NUMBER 061164										27 February 1967					
2. NAME (Last-First-Middle) HARVEY, WILLIAM R															
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED 02/24/67		5. CATEGORY OF EMPLOYMENT REGULAR								
6. FUNDS V TO V CF TO V XXX					7. FINANCIAL ANALYSIS NO. CHARGEABLE 7136-1186		8. REGAL AUTHORITY (Completed by Office of Personnel)								
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR CS/CS DEVELOPMENT COMPLEMENT					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.										
11. POSITION TITLE Int Security OPS OFFICER					12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D								
14. CLASSIFICATION SCHEDULE (GS, I.B., etc.) FSR					15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP OF 18-1		17. SALARY OR RATE \$ 24,224 24770 \$ 25,890						
18. REMARKS From: DDP/EUR/FF/EOS, ROME Subject departed the Station 21 March 1966.  Other cc security Security Personnel File SS/CS 3/15/67 6/13/16/67															
19A. SIGNATURE OF REQUESTING OFFICIAL Richard F. Westerman, E/E/Personnel					DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Rustling			DATE SIGNED 2/28/67					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE 32	20. EMPLOY CODE 1	21. OFFICE CODING NUMERIC 44497	22. STATION CODE ALPHABETIC C117	23. INTEGREE CODE 73	24. HQ/RS CODE 1	25. DATE OF BIRTH MO DA YR 04/13/16	26. DATE OF GRADE MO DA YR 1/1/67	27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-PIER 3-ROU	31. SEPARATION DATA CODE	32. CORRECTION - CANCELLATION DATA TYPE MO DA YR	33. SECURITY RIG NO.	34. SER
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE	39. FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO.		EOD DATA							
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS			44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE							
45. POSITION CONTROL CERTIFICATION 3-15-67					46. OP APPROVAL Rustling				DATE APPROVED 2/28/67						

SECRET

SECRET

Chief of Station, Rome

Director of Personnel

WILLOGAGE -

- Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: As indicated

R&F: Book Dispatch 5096 & OIRS - 7586

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

/s/ Richard B. Edgar

15 DEC 1965

RICHARD B. EDGAR

OIRS - 7779

SECRET

Form Filled In

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1 SERIAL NUMBER 061164										2 NAME (Last-First-Middle) HARVEY, WILLIAM K.	
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 65		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		V TO V CF TO V		V TO CF CF TO CF		7 COST CENTER NO CHARGE 6136-1267		8 LEGAL AUTHORITY (Complied by Office of Personnel) PL 86-643 Sect. 203			
9 ORGANIZATIONAL DESIGNATIONS DDP/WE ROME STATION OFFICE OF THE CHIEF						10 LOCATION OF OFFICIAL STATION ROME, ITALY					
11 POSITION TITLE FIRST SECRETARY CHIEF OF STATION						12 POSITION NUMBER 0202		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, L.B., etc.) FSR GS				15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 01 2 18 1		17 SALARY OR RATE 24,284 \$ 25,382			
18 REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.  1 cc to OP/ESD/RB 1 cc to CCS 1 cc to Finance through CCS											
18A SIGNATURE OF REQUESTING OFFICIAL Philip C. Berman				DATE SIGNED 18 NOV 1965		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 28		20 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 50630 WE		22 STATION CODE 36533		23 INTEREST CODE		24 MOOTHS CODE 3	
25 DATE OF BIRTH MO DA YR 09 13 16		26 DATE OF GRADE MO DA YR 05 17 59		27 DATE OF LEI MO DA YR 05 17 59		28 NTE EXPIRES MO DA YR		29 SPECIAL REFERENCE 1-ESC 2-FICA 3-NONE		30 RETIREMENT DATA CODE 2	
31 SECURITY RES. NO.		32 SEX		33 CORRECTION CANCELLATION DATA TYPE MO DA YR		34 EOD DATA		35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP. DATE MO DA YR	
37 LONG COMP. DATE MO DA YR		38 COVER CATEGORY CODE 0-NONE 1-YES 2-NO		39 FEGLI/HEALTH INSURANCE CODE 0-NONE 1-YES 2-NO		40 SOCIAL SECURITY NO.		41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	
43 FEDERAL TAX DATA FORM EXEMPTED CODE 1-YES 2-NO		44 STATE TAX DATA FORM EXEMPTED CODE 1-YES 2-NO		45 POSITION CONTROL CERTIFICATION		46 OP APPROVAL 18 NOV 65 B. B. Berman		DATE APPROVED 18 NOV 65			

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER <b>061164</b>				2. NAME (Last-First-Middle) <b>HARVEY, WILLIAM K.</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE REQUESTED MONTH <b>6</b> DAY <b>30</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS V TO V CF TO V <b>CC</b>		7. COST CENTER NO. CHARGE-ABLE <b>3136-6300-1014</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WE ROME STATION OFFICE OF THE CHIEF</b>		10. LOCATION OF OFFICIAL STATION <b>ROME, ITALY</b>			
11. POSITION TITLE <b>1st Secretary CHIEF OF STATION</b>		12. POSITION NUMBER <b>0262</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>FSR GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>02 0 18 1</b>	
17. SALARY OR RATE <b>, 15,900 20,000</b>					
18. REMARKS FROM: <b>DDP TASK FORCE W/OFFICE OF THE CHIEF/0662. trans 1</b> APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963. 259 SENT TO MEDICS ON 15 MARCH 1963. Security Approval Granted by DIS. SC/CS 4/2/63 REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963. 20/6/63 COPIES SENT TO FINANCE AND SECURITY. CS/CD reviewed 06/27/63					
18A. SIGNATURE OF REQUESTING OFFICIAL <b>THOMAS M. FISHER, C/WE/PT</b>		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>me l... 26 June 63</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>37 10</b>		20. EMPLOY CODE <b>62430</b>		21. OFFICE CODE NUMERIC <b>10E</b> ALPHABETIC <b>34533</b>	
22. STATION CODE <b>34533</b>		23. WIFE CODE <b>3</b>		24. DOTS CODE <b>091316</b>	
25. DATE OF BIRTH MO. DA. YR. <b>09 13 16</b>		26. DATE OF DEATH MO. DA. YR.		27. DATE OF LST MO. DA. YR.	
28. DATE EXP. REC. MO. DA. YR.		29. SPECIAL REFERENCE 1 - CSC 2 - FIC 3 - RSC		30. RET. REW. DATA 1 - YES 2 - NO	
31. SEPARATION DATA CODE TYPE MO. DA. YR.		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.	
34. VET. PREFERENCE CODE 1 - NONE 2 - 5 YR. 3 - 10 YR.		35. SER. COMP. DATE MO. DA. YR.		36. LONG. COMP. DATE MO. DA. YR.	
37. CAREER CATEGORY CAP/RES PROG/TEMP		38. REG. / HEALTH INSURANCE CODE 0 - NEITHER 1 - YES		39. SOCIAL SECURITY NO.	
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)		41. LEAVE CAT. CODE		42. FEDERAL TAX DATA FORM 990 CODE 1 - YES 2 - NO	
43. STATE TAX DATA CODE 1 - YES 2 - NO		44. STATE TAX DATA CODE 1 - YES 2 - NO		45. POSITION CONTROL CERTIFICATION <b>W. K. Harvey 06/27/63</b>	
46. O.P. APPROVAL <b>P. L. Bond 06/27/63</b>		DATE APPROVED			



SECRET

12 JUN 1963

CO/P. 3-3-54

Executive Registry

134446

81250 8126

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director (Plans)

SUBJECT : Appointment of Mr. William K. Harvey  
Chief of Station, Rome, Italy

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, Rome, Italy, effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.

*William D. O'Ryan*  
WILLIAM D. O'RYAN

Chief  
Western Europe Division

Attachment  
Biographic Profile (Part I)

CONCUR:

13 JUN 1963

*Richard Helms*  
Deputy Director (Plans)

(Date)

APPROVED:

*William S. Casper*  
Deputy Director of Central Intelligence

*20 June '63*  
(Date)

2154123

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassignments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

*W. Lloyd George*  
W. Lloyd George  
Chairman, CS Agent Panel

*Bill, may I add in  
my own hand and words  
real appreciation for your  
wisdom, objectivity and help*  
*Lloyd*

CONFIDENTIAL

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 24 August 1962	
1. SERIAL NUMBER 861164 ✓		2. NAME (Last-First-Middle) HARVEY, WILLIAM E. ✓					
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH 6 DAY 8 YEAR 62		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V CF TO V		V TO CF X CF TO CF		7. COST CENTER NO. CHANGE 3132 - 1000 - 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS Task Force W Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer - CH <i>skant P. Coord</i> <i>Chief</i>				12. POSITION NUMBER BA-662		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LN, etc.) FS R GS 15		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 02-1 18 1		17. SALARY OR RATE \$14900 18500 ✓	
18. REMARKS <del>PRA for the duration of Task Force W</del> <i>from FI staff tray 4</i>							
19. SIGNATURE OF REQUESTING OFFICIAL <i>Louis Armstrong</i>				DATE SIGNED 8/27/62		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Richard D. ...</i>	
DATE SIGNED 8/28/62							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC 61100 ALPHABETIC TFIW	22. STATION CODE 75013	23. INTEREST CODE 1	24. MONTHS 09	25. DATE OF GRAD 316	26. DATE OF GRAD MO. DA. YR.
28. RATE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE TYPE MO. DA. YR.		32. CORRECTION/CANCELLATION DATA MO. DA. YR.	
35. RET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.		36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR/RESV PROV/TEMP	
39. FEED. HEALTH INSURANCE 0 - NO 1 - YES		40. SOCIAL SECURITY NO.		41. STATE TAX DATA FORM PRECUT 1 - YES 2 - NO		42. STATE TAX DATA FORM PRECUT 1 - YES 2 - NO	
43. POSITION CONTROL CERTIFICATION <i>W. Kearney 08/29/62</i>				44. O.P. APPROVAL <i>P. J. ... 07/1/62</i>			
DATE APPROVED 8 Aug 62							

Pre - 1959 personnel  
actions

**SECRET**  
(When Filled In)

1. PERSONAL SERIAL NO.		BIOGRAPHIC PROFILE (PART I) COD: 15 Jan 1941			
061164		3. SEX		4. DATE OF BIRTH	5. LONGEVITY COMP. DATE
HARVEY, William King		M		13 Sep 1915	29 Sep 1947
6. MARITAL STATUS	7. DEPENDENT(S) (Include name, age, place of birth)	8. NEAREST OF BIRTH		9. US NATURALIZATION DATE(S)	
Remarried	1 child, 11 years	3 2 7 7		NA	
10. CAREER STATUS	11. MEMBERSHIP	12. OTHER STATUS	13. LAST MD. RPT. DATE	14. EVAL. FOR	15. EVAL. FOR
Staff	?		May 1967	Current Duties	Annual Exec
16. CURRENT RESERVE STATUS	17. NON-CIA SERVICE	18. GRADE	19. ACTIVE DUTY WITH CIA	20. RELEASE TO MIL. SER.	21. TO BE DEFERRED
	X		CAT. 1	CAT. 2	CAT. 3
12. ASSESSMENT DATE		13. PROFESSIONAL TEST DATE		14. LANGUAGE APTITUDE TEST DATE	
15. NON-CIA EMPLOYMENT					
1931-33 Danville Gazette, Indiana - Reporter & Printer					
1934-35 Indiana Univ, Bloomington - Publicity Writer (athletics) (PT)					
1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law					
1940-47 Dept of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent & Supervisor					
16. NON-CIA EDUCATION					
1933-37 Indiana Univ, Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R, High; W, P, S, U, Inter; Interpret - Oct 1961			
18. AGENCY SPONSORED TRAINING					
1963 Italian					
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (if any)	LOCATION
Sep 1947	Intel Of	P-6		OSO/FBS/Ch, Int'l TUSSDTV	Hq
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreign	"
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreign	"
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CL	"
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"
Feb 1951	Chief Stf E	16		OSO/Ch, Staff E	"
Dec 1951	I O	16		OSO/Ch, Plans Staff	"
Dec 1952	Ops Of	16		DDP/EE/GerMls/BOB/COB	Bonn
Nov 1953	I O	16	F1	DDP/EL/GerMls/BOB/COB	Berlin
Dec 1954	Area Ops Of 0136.01	16	F1	" " " " " "	"
Jan 1956	" " " 0136.01	17	D1	DDP/EE/GerSta/BOB/COB	"
May 1959	Chief of Base 0136.01	18	D1	" " " " " "	"
Sep 1959	return to Hq				
Oct 1959	Ops Of 0136.01	18	D1	DDP/Ch, FI/D	Hq
Jun 1962	" " 0136.01	18	D	DDP/Ch, Task Force W	"
Jun 1963	Chief of Sta 0136.01	18	D	DDP/EE/Rome Sta/COS	Rome
Jun 1965	" " 0136.05	18	D	" " " " " "	"
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq
Dec 1967	Retirement (voluntary)	CIAPDS			
20. DATE REVIEWED		21. PROFILE REVIEWED BY		22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE	
22 Sep 1971		obs		D No	

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
Harvey William K.			13 Sept 1916		M	GS-18	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDF/WF/Italian		Rome		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			1 April 1964 - 31 March 1965				
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. <b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. <b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner. <b>S - Strong</b> Performance is characterized by exceptional proficiency. <b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in Milan.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
15 JUN 1965							O

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.</p>			
<p>In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.</p>			
<p>To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.</p>			
<p>During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.</p>			
(cont'd)			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	Employee at Field Station		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
24			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
2 June 1965	C/WE	William D. O'Ryan	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
3 June 65	ADDP	Thomas H. Karamessines	

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET



**SECRET**

(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>061164</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>HARVEY William K.</b>			2. DATE OF BIRTH <b>13 Sept 1916</b>	3. SEX <b>M</b>	4. GRADE <b>GS-18</b>
5. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WE/Italian</b>	8. CURRENT STATION <b>Rome</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-) <b>1 April 1965 - 27 September 1965</b>		
<b>SECTION B PERFORMANCE EVALUATION:</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Chief of Station, Rome</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 <b>Handles Station relationship with Ambassador and Embassy and the Base in Milan.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Supervises CA Program.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 <b>Engaged in reorientation of Station FI Program.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>O</b>
<b>28 OCT 1965</b>					

2

SECRET

OFFICE OF PERSONNEL

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>William D. O'Ryan</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
30	Mr. Harvey is currently at his overseas post.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 1965	Chief, WE Division	<i>William D. O'Ryan</i> William D. O'Ryan
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p> <p><i>DDP</i></p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines

SECRET

*what date?*

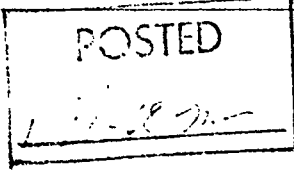
Colored photograph removed this  
date and forwarded with Biographic  
Profile to Mr. McCone via Mr. Henry  
Oosthoek, WH/Pers. Mr. Oosthoek  
cleared with Mr. Gene Stevens,  
Chief, T&R Branch, POD/OP, the removal  
of picture.

V. Graham, OP/POD/CAB  
5E-2508 HQS  
Ext. 7771



SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
10010101		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION								4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM								12/31/87		REGULAR	
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		8138-1100-0000		P.L. 88-543 SECT. 233			
9. ORGANIZATIONAL DESIGNATIONS								10. LOCATION OF OFFICIAL STATION			
DDP/EUR DEVELOPMENT COMPLEMENT								WASH., D.C.			
11. POSITION TITLE								12. POSITION NUMBER		13. SERVICE DESIGNATION	
CFS OFFICER								9997		D	
14. CLASSIFICATION SCHEDULE (GS 18 OK.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0138.01		18 1		27055			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERSEE CODE		24. HOURS CODE	
45		18		NUMERIC ALPHABETIC							
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
09 13 16											
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. Continuation Calculation Data		36. SECURITY REQ NO	
MO DA YR				1. CSC 2. CUA 3. FCA 4. NCAR		CODE		TYPE MO DA YR		37. SEC	
								EOD DATA			
38. VET PREFERENCE		39. SER. COMP DATE		40. LONG COMP DATE		41. CAREER CATEGORY		42. FEGLI / HEALTH INSURANCE		43. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
0. NONE 1. 5 PT 2. 10 PT											
44. PREVIOUS CIVILIAN GOVERNMENT SERVICE				45. LEAVE CAT CODE				46. FEDERAL TAX DATA			
CODE				CODE				CODE			
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS				0. NON-EXECUTED 1. YES 2. NO				0. NON-EXECUTED 1. YES 2. NO			
47. STATE TAX DATA											
CODE											
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS											
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;"> <b>POSTED</b>   </div>											

FORM 566 1150  
Mfg 10-87Use Previous  
Edition

SECRET

PLW

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-258  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	44	997	CF GS 18 1	\$25,890	\$27,055

**SECRET**  
(When Filled In)

B.T. 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION																																																																																																																																																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <span>1. SERIAL NUMBER</span> <span>2. NAME (LAST-FIRST-MIDDLE)</span> </div>																																																																																																																																																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <span>061164</span> <span>HARVEY WILLIAM K.</span> </div>																																																																																																																																																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <span>3. NATURE OF PERSONNEL ACTION</span> <span>4. EFFECTIVE DATE</span> <span>5. CATEGORY OF EMPLOYMENT</span> </div>						<div style="display: flex; justify-content: space-between;"> <span>CONVERSION FROM FSR STATUS</span> <span>02 125 67</span> <span>REGULAR</span> </div>																																																																																																																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <span>6. FUNDS</span> <span>7. Financial Analysis No. Chargeable</span> <span>8. CSC OR OTHER LEGAL AUTHORITY</span> </div>						<div style="display: flex; justify-content: space-between;"> <span> <div style="display: flex; justify-content: space-between;"> <div> V TO V CF TO V </div> <div> V TO CF CF TO CF </div> </div> </span> <span>7136 1186 0000</span> <span>50 USC 403 J</span> </div>																																																																																																																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <span>9. ORGANIZATIONAL DESIGNATIONS</span> <span>10. LOCATION OF OFFICIAL STATION</span> </div>						<div style="display: flex; justify-content: space-between;"> <span>DDP/EUR DEVELOPMENT COMPLEMENT</span> <span>WASH., D.C.</span> </div>																																																																																																																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <span>11. POSITION TITLE</span> <span>12. POSITION NUMBER</span> <span>13. SERVICE DESIGNATION</span> </div>						<div style="display: flex; justify-content: space-between;"> <span>OPS OFFICER</span> <span>9997</span> <span>D</span> </div>																																																																																																																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <span>14. CLASSIFICATION SCHEDULE (GS, LS, etc.)</span> <span>15. OCCUPATIONAL SERIES</span> </div>				<div style="display: flex; justify-content: space-between;"> <span>16. GRADE AND STEP</span> <span>17. SALARY OR RATE</span> </div>																																																																																																																																																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <span>GS</span> <span>0136.01</span> </div>				<div style="display: flex; justify-content: space-between;"> <span>18 1</span> <span>25890</span> </div>																																																																																																																																																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <span>18. REMARKS</span> </div>																																																																																																																																																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <span>OTHER WASH., D.C.</span> </div>																																																																																																																																																																																																																																																											
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<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td colspan="2">19. ACTION CODE</td> <td colspan="2">20. EMPLOY. CODE</td> <td colspan="2">21. OFFICE CODES</td> <td colspan="2">22. STATION CODE</td> <td colspan="2">23. INTEGREE CODE</td> <td colspan="2">24. HEDG. CODE</td> <td colspan="2">25. DATE OF BIRTH</td> <td colspan="2">26. DATE OF GRADE</td> <td colspan="2">27. DATE OF LET</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">NUMERIC ALPHABETIC</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">MO DA YR</td> <td colspan="2">MO DA YR</td> <td colspan="2">MO DA YR</td> </tr> <tr> <td colspan="2">56</td> <td colspan="2">18</td> <td colspan="2">44997 EUR</td> <td colspan="2">75013</td> <td colspan="2"></td> <td colspan="2">1</td> <td colspan="2">09 13 16</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">28. NTE EXPIRE</td> <td colspan="2">29. SPECIAL REFERENCE</td> <td colspan="2">30. RETIREMENT DATA</td> <td colspan="2">31. SEPARATION DATA CODE</td> <td colspan="2">32. CORRECTION/CANCELLATION DATA</td> <td colspan="2"></td> <td colspan="2">33. SECURITY REQ NO</td> <td colspan="2">34. SEX</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">MO DA YR</td> <td colspan="2"></td> <td colspan="2">1. CSC 2. CUB 3. FICA 4. NONE</td> <td colspan="2">CODE</td> <td colspan="2">TYPE</td> <td colspan="2">MO DA YR</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">35. VET. PREFERENCE</td> <td colspan="4">36. SERV. COMP. DATE</td> <td colspan="4">37. LONG COMP. DATE</td> <td colspan="4">38. CAREER CATEGORY</td> <td colspan="4">39. FEGLI / HEALTH INSURANCE</td> <td colspan="4">40. SOCIAL SECURITY NO</td> </tr> <tr> <td colspan="4">CODE</td> <td colspan="4">0. NONE 1. 5 PT 2. 10 PT</td> <td colspan="4">NO DA YR</td> <td colspan="4">CAN. RES. PHIS. TEMP</td> <td colspan="4">CODE CODE 0. WAIVER 1. YES</td> <td colspan="4">HEALTH INS CODE</td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4"></td> </tr> <tr> <td colspan="8">41. PREVIOUS CIVILIAN GOVERNMENT SERVICE</td> <td colspan="4">42. LEAVE CAT CODE</td> <td colspan="4">43. FEDERAL TAX DATA</td> <td colspan="4">44. STATE TAX DATA</td> </tr> <tr> <td colspan="8">CODE</td> <td colspan="4">0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE (MORE THAN 3 YRS)</td> <td colspan="4">FORM EXECUTED CODE NO TAX EXEMPTIONS</td> <td colspan="4">FORM EXECUTED CODE NO TAX EXEMPT STATE CODE</td> </tr> <tr> <td colspan="8"></td> <td colspan="4"></td> <td colspan="4">1. YES 2. NO</td> <td colspan="4">1. YES 2. NO</td> </tr> </table>												19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODES		22. STATION CODE		23. INTEGREE CODE		24. HEDG. CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET						NUMERIC ALPHABETIC								MO DA YR		MO DA YR		MO DA YR		56		18		44997 EUR		75013				1		09 13 16						28. NTE EXPIRE		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA				33. SECURITY REQ NO		34. SEX				MO DA YR				1. CSC 2. CUB 3. FICA 4. NONE		CODE		TYPE		MO DA YR																										35. VET. PREFERENCE				36. SERV. COMP. DATE				37. LONG COMP. DATE				38. CAREER CATEGORY				39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO				CODE				0. NONE 1. 5 PT 2. 10 PT				NO DA YR				CAN. RES. PHIS. TEMP				CODE CODE 0. WAIVER 1. YES				HEALTH INS CODE																												41. PREVIOUS CIVILIAN GOVERNMENT SERVICE								42. LEAVE CAT CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA				CODE								0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPT STATE CODE																1. YES 2. NO				1. YES 2. NO			
19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODES		22. STATION CODE		23. INTEGREE CODE		24. HEDG. CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET																																																																																																																																																																																																																																											
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35. VET. PREFERENCE				36. SERV. COMP. DATE				37. LONG COMP. DATE				38. CAREER CATEGORY				39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO																																																																																																																																																																																																																																							
CODE				0. NONE 1. 5 PT 2. 10 PT				NO DA YR				CAN. RES. PHIS. TEMP				CODE CODE 0. WAIVER 1. YES				HEALTH INS CODE																																																																																																																																																																																																																																							
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FORM 5-64 1150

Use Previous Edition

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**POSTED**

**SECRET**  
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						02 124 67		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysts No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7136 1186 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FIRST SECRETARY OPS OFFICER						9997		D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS				0136.01		01 2 18 1		24770 25890			
18. REMARKS											
OTHER ROME, ITALY											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	18	44337	EUR	75013	1	1	08 13 16				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX	
NO DA YR			1 - CSC 2 - CIA 3 - FICA 4 - NONE		CODE	TYPE NO. DA YR		EOD DATA			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO SP. YR		NO DA YR		CAR RESL PROV TEMP		CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE 1 - YES 2 - NO		NO TAX EXEMPTIONS		FORM EXECUTED CODE 1 - YES 2 - NO		NO TAX EXEMP STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>POSTED</b> 3-17-67         </div>											

FORM 5-66 1150

Use Previous Edition

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

261

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUND	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 12 1	\$25,382	\$25,890



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 18 1	\$24,500	\$25,382

JGD: 19 NOV 65

SECRET  
(When Filled In)

VD/perr

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						11 21 65		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST-CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		6136 1267 0000		PL 88-643 SECT. 203			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WE ROME STATION OFFICE OF THE CHIEF						ROME, ITALY					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FIRST SECRETARY CHIEF OF STATION						0262		D			
14. CLASSIFICATION SCHEDULE (GS, 18, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS				0136.05		01 2 18 1		24284 25382			
18. REMARKS											
ROME, ITALY EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
28	10	50630 WE		36533	1	3	09 13 16		05 17 59		05 17 59
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO	34. SEX
NO DA YR		1. CSC 2. FICA 3. NONE		CODE		TYPE		NO DA YR			
				2							
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		CAR BESV PROV TEMP		CODE		0 - WAIVER 1 - YES	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE				0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)		FORM EXECUTED 1 - YES 2 - NO			FORM EXECUTED 1 - YES 2 - NO		
						CODE			CODE		
						NO TAX EXEMPTIONS			NO TAX EXEMP.		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;"> <b>POSTED</b>  112665H </div>											

FORM 11-62 1150

Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 061144		2. NAME (LAST FIRST, MIDDLE) HARVEY WILLIAM K							
3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT					4. EFFECTIVE DATE MO DA YR 06 07 65		5. CATEGORY OF EMPLOYMENT		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 5136 1267 0000		8. CS, OR OTHER LEGAL AUTHORITY	
		CF TO V		A CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS DUP/WE DIVISION					10. LOCATION OF OFFICIAL STATION ROME, ITALY				
11. POSITION TITLE CHIEF OF STATION					12. POSITION NUMBER 0262		13. CAREER SERVICE DESIGNATION U		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 18		17. SALARY OR RATE		
18. REMARKS									
<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> <b>POSTED</b>          JUN 21-65       </div>									
SIGNATURE OR OTHER AUTHENTICATION									

**SECRET**  
(When Filled In)

RZR: 28 JUNE 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						06 30 63		REGULAR			
6. FUNDS		7. TO V		8. TO CF		9. COST CENTER NO. CHARGEABLE		10. CSC OR OTHER LEGAL AUTHORITY			
FUND 2		V TO V		V TO CF		3136.6300 1014		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION					
DDP/WE ROME STATION OFFICE OF THE CHIEF						ROME, ITALY					
13. POSITION TITLE						14. POSITION NUMBER		15. SERVICE DESIGNATION			
1ST SECRETARY CHIEF OF STATION						0262		D			
16. CLASSIFICATION SCHEDULE (GS, LB, etc.)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
FSR GS				0136.01		02 0 18 1		15900 20000			
WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODING		23. STATION CODE	24. INTEGREE CODE	25. MONTH CODE	26. DATE OF BIRTH		27. DATE OF GRADE		28. DATE OF LEI
37	10	62630 WE		36533	1	3	09 13 16				
29. NTE EXPIRES		30. SPECIAL REFERENCE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX	
NO DA YR		1. CSC 2. FCA 3. NONE		CODE		TYPE NO DA YR		EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		EAM HRS / PROV TEMP		CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS				CODE		FORM EXECUTED 1 - YES 2 - NO		FORM EXECUTED 1 - YES 2 - NO		STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
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FORM 11-62 1150

Use Previous Edition

**SECRET**

JUN 28 1963

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-51)

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 14 OCTOBER 1952

NAME	SERIAL	ORGN	FUNDS	OLD GRST	OLD SALARY	NEW GRST	NEW SALARY
HARVEY WILLIAM K	261144	A1100	CF 13 1	318500	18 1	320000	

PSC: 12 SEPT 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
OKF																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
051164		HARVEY WILLIAM K															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT (CORRECTION)						06   08   62		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CLK OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		3132 1000 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP TASK FORCE W OFFICE OF THE CHIEF						WASH., D.C.											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
SP ASST TO COORD OPS OFFICER CH						0662		D									
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE									
FSR GS			0136.01			02 0 18 1		14900 18500									
18. REMARKS																	
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE INTEGRATED TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
57		10		6.1100 TFW		75013		1		1		09   13   16					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEN					
NO DA YR				1. CSC 2. PICA 3. NONE		CODE		TYPE NO. DA YR		37 06   08   62		EOD DATA					
35. VLT. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CAR DESV PROJ TEMP		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA					
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				CODE NO TAX EXEMPT STATE CODE					
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 9/12/62</p> </div> <div> <p>09/18/62 ZJK</p> </div> </div>																	

FORM 1150  
4-62Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

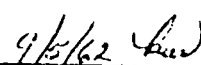
(4-51)

(When Filled In)

**SECRET**  
(When Filled In)

DATE: 31 AUG 62

**NOTIFICATION OF PERSONNEL ACTION**

1. SERIAL NUMBER 051111		2. NAME (LAST-FIRST-MIDDLE) HARVEY WILLIAM K	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO. DA. YR. 8 10 62	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF X CF TO CF	7. COST CENTER NO. CHARGEABLE 3102 1060 1000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS TASK FORCE W OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE OPS OFFICER CH		12. POSITION NUMBER 9862	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 18 1	17. SALARY OR RATE 18500
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 27	20. EMPLOY CODE 12	21. OFFICE CODING NUMERIC ALPHABETIC 01100 CFW	22. STATION CODE 75013
23. INTEGREE CODE	24. MONTHS Code	25. DATE OF BIRTH MO. DA. YR. 12 12 18	26. DATE OF GRADE MO. DA. YR.
27. DATE OF LEI MO. DA. YR.	28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO.	34. SEX
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV. COMP DATE MO. DA. YR.	37. LONG COMP DATE MO. DA. YR.	38. CAREER CATEGORY CAR. SERV. PROV. TEMP.
39. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE
43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	45. NO TAX EXEMPTIONS	46. STATE CODE
SIGNATURE OR OTHER AUTHENTICATION			
		<div align="center"> <b>POSTED</b>    8/31/62 </div>	

FORM 1150  
4-62

Use Previous  
Edition

8/31/62 **SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

(4-01)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	HARVEY WILLIAM K	561164	41 09	GS-18 1	\$17,500	\$18,500

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL



SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
PAS: 15 AUGUST 1960															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS-FOD		
561164		HARVEY WILLIAM K				Mo. Da. Yr. 09 13 15			Nono-0 5 Pt-1 10 Pt-2		Code 0 M 1		Mo. Da. Yr. 09 29 47		
7. SCD		8. CSC Retire		9. CSC Or Other Legal Authority				10. Appt. Allgs.		11. FEGLI		12. LCD		13. Ret. Code	
Mo. Da. Yr. 12 09 40		Yes-1 No-2		Code 1		50 USCA 403 J				Mo. Da. Yr. 09 29 47		Yes-1 No-2		Code 2	
PREVIOUS ASSIGNMENT															
14. Organizational Designations				Code		15. Location Of Official Station				Station Code					
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109		WASH., D. C.				75013					
16. Dept. - Field		17. Position Title		18. Position No.				19. Serv.		20. Occup. Series					
Dept - 1 USfld - 3 Frgr - 5		Code 1		SP ASST TO COORD OPS OFFICER CHIEF				0872		FSR GS		0136.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number					
02 18 1		\$ 14900 18500		D		Mo. Da. Yr. 05 17 59		XX XX XX		0123 1003 1000					
ACTION															
27. Nature Of Action				Code		28. Eff. Date		29. Type Of Employee				Code		30. Separation Data	
CONVERSION TO PERMANENT SUPERGRADE RANK				07		27 60		REGULAR				OM			
PRESENT ASSIGNMENT															
31. Organizational Designations				Code		32. Location Of Official Station				Station Code					
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109		WASH., D. C.				75013					
33. Dept. - Field		34. Position Title		35. Position No.				36. Serv.		37. Occup. Series					
Dept - 1 USfld - 3 Frgr - 5		Code 1		SP ASST TO COORD OPS OFFICER CHIEF				0872		FSR GS		0136.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number					
02 18 1		\$ 14900 18500		D		Mo. Da. Yr. 05 17 59		XX XX XX		1123 1003 1000					
44. Remarks															
* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.															

FORM NO 1 MAR 57 1150a

SECRET

(4)

Pre 1960  
Correlations

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				061164	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>HARVEY William K.</b>			2. DATE OF BIRTH <b>13 Sept 1916</b>	3. SEX <b>M</b>	4. GRADE <b>GS-18</b>
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF. DIV. OR OF ASSIGNMENT <b>DDP/WE/Italian</b>	5. SO <b>D</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 April 1965 - 27 September 1965</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 <b>Chief of Station, Rome</b>					0
SPECIFIC DUTY NO. 2 <b>Handles Station relationship with Ambassador and Embassy and the Base in Milan.</b>					S
SPECIFIC DUTY NO. 3 <b>Supervises CA Program.</b>					0
SPECIFIC DUTY NO. 4 <b>Engaged in reorientation of Station FI Program.</b>					0
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER  0

SECRET

OFFICE OF PERSONNEL

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Range of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p style="text-align: right;">MAIL ROOM</p> <p>My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	<i>William D. O'Ryan</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
30	Mr. Harvey is currently at his overseas post.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
27 September 1965	Chief, WE Division	<i>William D. O'Ryan</i> William D. O'Ryan	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p> <p style="text-align: right;"><i>THK</i></p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Harvey William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDP/WE/Italian		Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL		REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)				X ANNUAL		REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1964 - 31 March 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in Milan.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
15 JUN 1965							O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

(cont'd)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	Employee at Field Station	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 24	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
2 June 1965	C/WE	William D. O'Ryan
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	ADDP	Thomas H. Karwessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD	
Harvey William K.		1916		N	18	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV OR OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station, Rome				DDP/WE/Italy		Rome	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
				1 March 1963 - 31 March 1964			
SECTION B PERFORMANCE EVALUATION							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and Station Bases.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises correspondence with headquarters on entire complex Station program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
Engaged in reorientation of Station FI program.						O	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
12 AUG 1964						O	

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SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties should be described, if applicable.</p>				
<p>Mr. Harvey's management of the Agency's program in Italy has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the Rome Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.</p> <p>Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricacies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equalled in any other officer. The continuance of ideal relationships with the key Embassy officials in Rome has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.</p> <p>He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.</p>				
SECTION D		CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
27/2/65	<i>[Signature]</i>			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
12	Report will be shown to employee upon return from overseas.			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
28 July 1964	C/WE	William D. O'Ryan <i>[Signature]</i>		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
17 AUG 1964	Deputy Director for Plans	Richard Helms <i>[Signature]</i>		

SECRET

SECRET

18 April 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT: Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station, Rome, and is now preparing himself to take over at that post in the coming months.

*Thomas H. Karamessines*  
Thomas H. Karamessines  
Assistant Deputy Director (Plans)

29 APR 1963  
*Richard Helms*  
Richard Helms  
Deputy Director (Plans)

SECRET

Read 23/4/63

RP

OCT 1962

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15 OCT 1962

**MEMORANDUM FOR: Director of Personnel**

**SUBJECT: William K. Harvey - Memorandum in lieu of fitness report for period 30 March 1960 - 10 May 1962**

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgoing of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

W. Lloyd George

W. LLOYD GEORGE  
Chief  
Foreign Intelligence

not

OK

8 September 1960

**MEMORANDUM IN LIEU OF FITNESS REPORT**

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/Ps most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

*Adm  
5-10-60*

presenting his arguments and in holding to them until their  
fact and logic prevail or until policy factors override, makes  
him a highly valuable asset to CIA.

Rater

W. Lloyd George  
W. Lloyd George  
C/FI

Reviewer

Richard Helms  
Richard Helms  
COPS

SECRET

017

14 January 1959

MEMORANDUM FOR: Director of Personnel  
ATTENTION: Chief, Records and Services Division  
FROM: Chief of Station, Germany  
SUBJECT: Fitness Report - William K. Harvey  
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

*John A. Bröss*  
John A. Bröss

CONCUR:

*James H. [Signature]*  
CHIEF, EE DIVISION

RYBAT  
SECRET

*[Handwritten initials]*

Harvey, W. K. EE

Chief of Base GS-48-811320

18 June 1959

Berlin

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division

FROM: Chief of Station, Germany

SUBJECT: Fitness Report - William K. Harvey  
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959.

Subject continues to render an outstanding performance.

John A. Cross  
John A. Cross

I certify that I have seen  
this Fitness Report

W. K. Harvey

William K. Harvey

CONCUR:

James H. Whitfield  
Chief, Eastern European Division

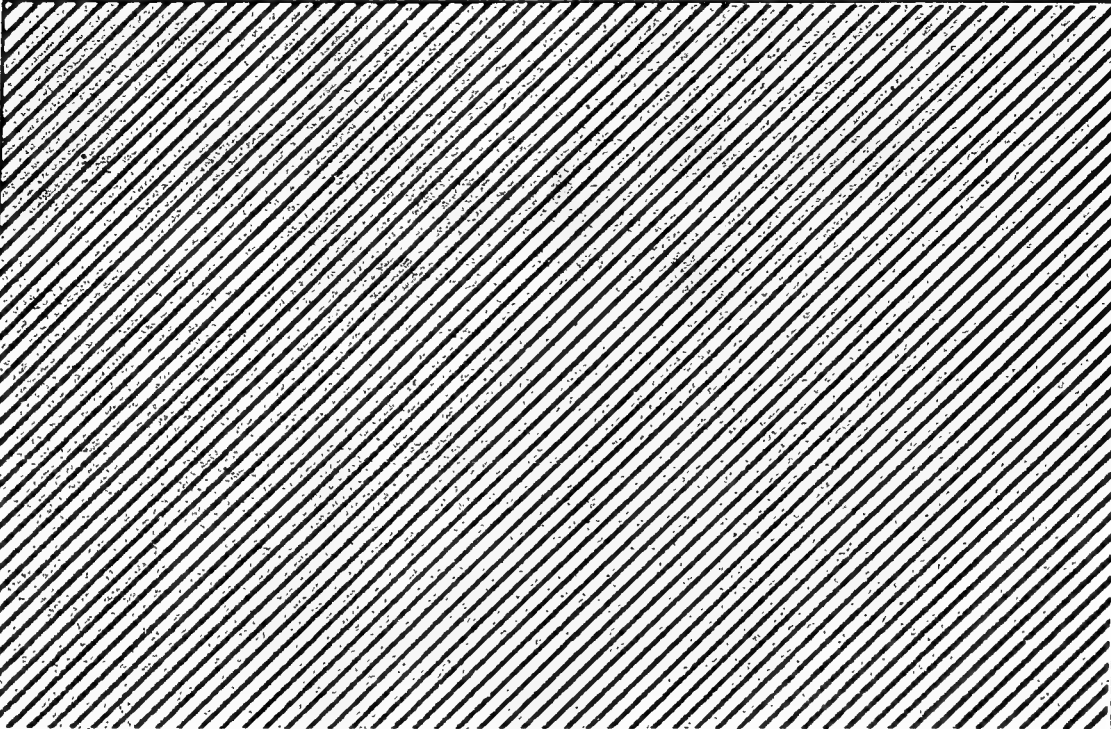
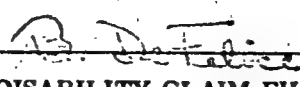
*[Handwritten signature]*

SECRET

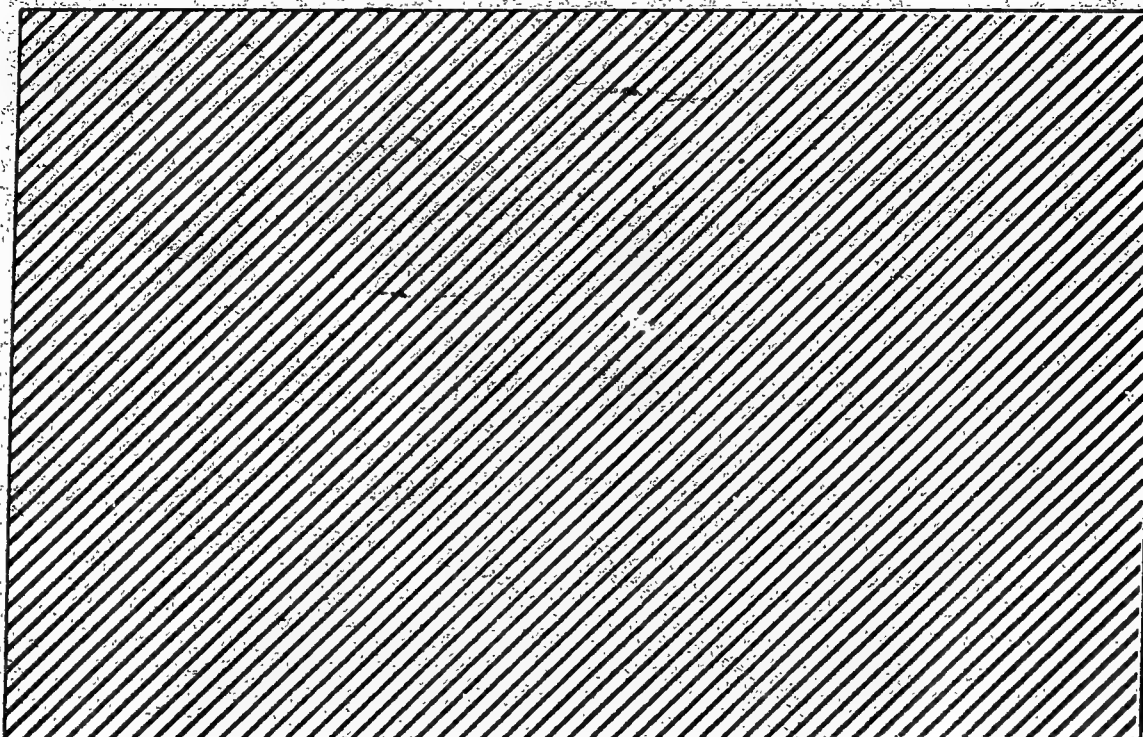
Pre 1959 Fitness  
Reports



SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Son-James	68-0535
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>7 March 1967</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE	
3 January 1968		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William	Self	68-0533

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 30 July 1964.

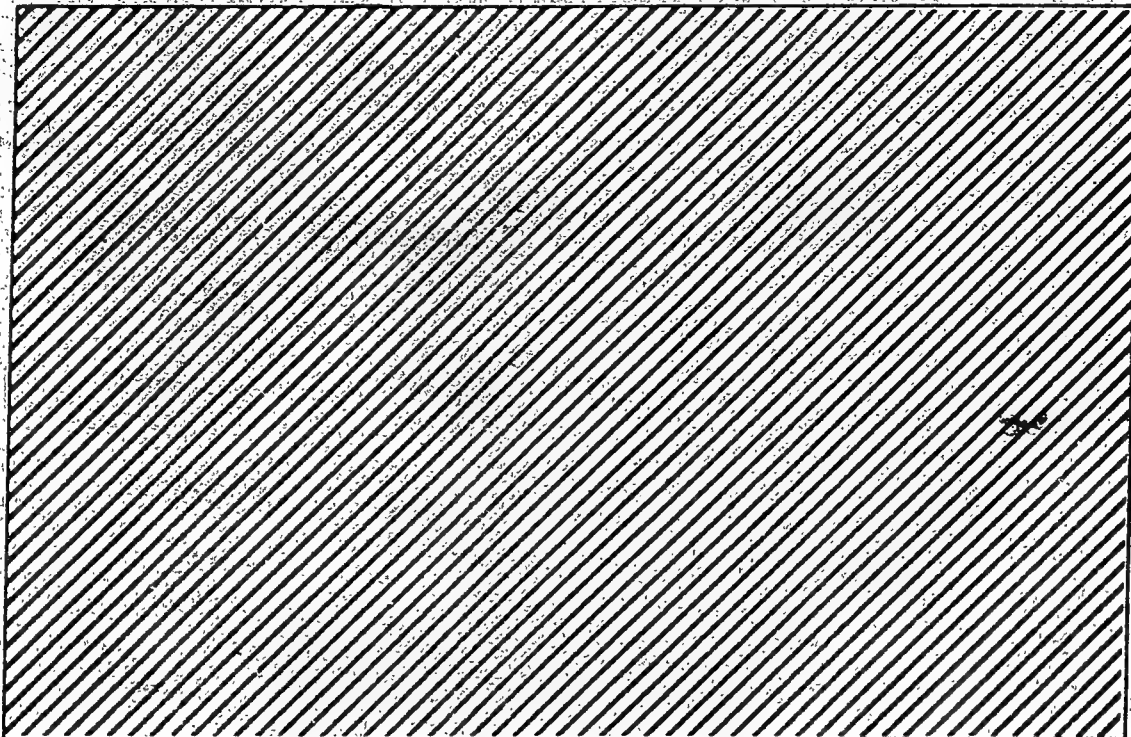
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	<i>R. D. Felice</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 3 August 1967.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BGD REPRESENTATIVE
3 January 1968	<i>D. DeFolice</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

1. Items Indicated by * Star are to be Completed by the Payee		2. U.O. VOUCHER NO.			
3. BU. VO. NO.					
4. PAYEE'S COMPLETE NAME AND ADDRESS <b>William K. Harvey 28 West Irving Street Chevy Chase, Md. 20015</b>					
5. TRAVEL AUTHORIZATION A. Number <b>6-69348</b> B. Dated <b>2/23/66</b> <b>6-69348A 5/15/66</b>		6. U.O. PAID BY			
7. EMPLOYEE NUMBER (State Only) <b>253000</b>		8. OFFICIAL STATION (State Only) <b>Rome to Dept.</b>			
9. TRAVEL ADVANCE STATUS A. Dis Balance \$ <b>-0-</b> B. Applied This Voucher \$ <b>-0-</b> C. New Advance \$ <b>-0-</b>					
10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION a. Point to Point Travel A. CTR of Gov. No. B. Vol. of Gov. C. Carrier D. Class (1) from (2) to <b>LT 302.207 \$1302.90 SS Constitution 1st Naples New York</b> <b>LO 359.316 271.35 AF TWA Economy Munich Washington</b>					
11. PAYEE CERTIFICATE: I hereby certify that this voucher and attachments are correct and just in all respects, and that payment or audit has not been received.					
A. Date <b>March 1967</b>		B. Signature <b>William K. Harvey</b>			
12. PAYMENT CALCULATION A. Amount Claimed (See Item 19.) \$ <b>649.61</b> B. Differences, if any \$ C. Amount Allowed (Verified correct to Approp. ) \$ D. Applied to Advance (See Item 8B.) \$ E. Not to Payee \$					
13. ADMINISTRATIVE APPROVAL: Received for approval. A. Date B. Signature Name: Title:					
14. PREVIOUS PAYMENTS: The next previous Vol. paid under same travel auth. was: A. D.O. Vol. No. B. Paid (mo. & yr.) C. D.O. Name and Symbol					
15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment: A. Date B. Authorized Certifying Officer's Signature Name: Title:					
16. METHOD OF PAYMENT (For Paying Office Use Only) A. Cash or Dep. Check Amt. B. Exchange Rate C. U.S. \$ Equivalent D. Date E. Treasury or Depository Check No. and Name of Depository F. Payment Received (Payee's Signature)					
17. ACCOUNTING CLASSIFICATION A. Fund B. Allotment C. Oblig. (T/A) No			D. Organization (State Only)	E. Function (State Only)	F. Object
			USIA: Activity/Sub-Activity	G. Paying Office (State Only)	H. Paying Date (State Only)
					I. Amount

\* Item 10C - If carrier was foreign ship registry, attach certificate of readiness.  
\* FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C.).

1. CLAIM (State complete itinerary, including transportation expenses for persons and things, for which reimbursement is claimed, or effect of loss, including receipts and other supporting documents.)

REMARKS (Names and Ages of Dependents; explanation for use of foreign registry ship; rates of exchange, etc.)

Concurrent travel

Wife

Daughter, Sally, Age 7

Separate travel

Son, James, born December 1947

Lire 625/\$1 DN 4/\$1

Date: 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
Mr. Harvey, Wife, and Daughter						
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. Naples				
		163 miles at 12¢				19.56
		Autostrada tolls L.1750				2.80
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L.1500				
		Auto check-in fee L.1000				
		L.2500				4.00
		Baggage transport Rome				
		to Naples L.3500				5.60
		Baggage transfer charges				
		for hold baggage L.9350				14.96
	2300	LV. Naples	3/4	6	11.25	
Mar. 22 thru 30		At sea	9	6	135.00	
Mar. 31		At sea	1	2	5.00	
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					151.25	43.92

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET.)

Page 2

\*18. CLAIM (Show complete itinerary, or transportation expenses for persons and things which reimbursement is claimed; as receipts, show receipts, invoices and attach all receipts.)

REMARKS (Name and Age of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					151.25	46.92
April 1	0800	AR. New York				
	1200	LV. New York via personal auto				
	1830	AR. Washington				
		269 miles at 12¢				32.28
		Tolls				4.55
		Dock charge for release of car				2.50
		Baggage transfer charge				
		at New York pier	1	16.00	40.00	15.00
		Railway express charges for				
		shipment of 337 lbs. of				
		baggage from New York to				
		Washington				23.40
Travel of son James						
June 2		LV. Munich via AF				
		AR. Paris				
June 5	1200	LV. Paris via TWA 803				
	1500	AR. New York				
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					191.25	124.65

15. CLAIM (Show complete itinerary for transportation expenses for persons and things for which reimbursement is claimed, on effects, show weight, measures and attach all receipts).

REMARKS (Name and Age of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					191.25	124.65
June 5	1630	LV. New York via TW 203				
	1807	AR. Washington Nat'l Airport				
		Air travel from Munich is				
		less expensive than \$302.90				
		economy air FARE from Rome				
		to Washington				
		Airport tax in Munich DM500				1.25
		Direct scheduling from Munich				
		via air				
June 2	0740	LV. Munich via LH 161				
	0830	AR. Frankfurt				
	1215	LV. Frankfurt via PA 107				
	1745	AR. Washington				
		Per diem 1 @ 16.00 less 35%			5.20	
		Shipment of air freight from				
		Munich to Washington (85lbs.)				67.10
		Deferred home leave travel for				
		Mr. Harvey, James and Sally				
19. COLUMN TOTALS (Sum of which forwarded to item 12A, on face of voucher)					196.45	193.00

\*18 CLAIM (show complete itinerary for transportation expenses for persons and things for which reimbursement is claimed, on effects, baggage, weights, measures and area, all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					196.45	193.00
June 28	0900	LV. Washington via personal auto	3/4	16.00	30.00	
June 29	1500	AR. Indianapolis	3/4	16.00	30.00	
		Mileage 584 @ 12¢				70.08
July 22	0900	LV. Indianapolis via personal	3/4	16.00	30.00	
		auto				
July 23	1500	AR. Washington	3/4	16.00	30.00	
		Mileage 584 miles @ 12¢				70.08
		Cost by auto is less than				
		cost by rail with scheduling				
		as follows:				
June 28	1900	LV. Washington via rail				
June 29	1205	AR. Indianapolis				
July 22	1505	LV. Indianapolis via rail				
July 23	0915	AR. Washington				
		Per diem 2 x \$16.00 x 2.5		\$80.00		
		RT 1st class rail (Family Plan)		169.40		
		RT Sleeping accommodations (Bed-				
		room, plus roomette is least		76.96		
		expensive)		\$326.36		
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A, on face of voucher)					316.45	363.16



**UNCLASSIFIED**

# QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID 2	2. APPL. NO. 6-DIGITS	3. NAME MUST CONTAIN 20-DIGITS
4. DATE OF BIRTH MO DA YR	5. DATE CODED MO DA YR	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE							
3	061164	3-LETTERS HAR	BASE CODE BF7	R 4	W 3	P 3	S 3	U 3	T 2	YR 61
5. DATE SUBMITTED			6. DATE OF BIRTH			WHEN FORM 441C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)				
MO	DA	YR	MO	DA	YR					
10	02	61	09	13	15					

LANGUAGE PROFICIENCY TEST DATA

LANGUAGE PROFICIENCY TEST DATA															
1. ID	2. EMPLOYEE NO.		3. NAME			4. CODE	5. LANGUAGE DATA BEFORE TEST								
			3-LETTERS			C-A-D	BASE CODE	R	W	P	S	U	T	YR	
< 5 .			.			.									
6. LANGUAGE DATA AFTER TEST							7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.					
BASE CODE	R	W	P	S	U	T	YR	MO	DA						YR
.									.						

QUALIFICATIONS RECORD CHANGE

[illegible]

SECRET

(When Filled In)

(1-6)		LANGUAGE DATA RECORD	
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-24)		2. DATE OF BIRTH (25-30)	
HARVEY, WILLIAM		MONTH 7	DAY 13
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-39)	
German		MONTH 7	DAY 13
		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.			
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.			
(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
1. MY PRONUNCIATION IS NATIVE.			
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.			
(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.			
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

CONTINUATION OF PART II - LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND AUTOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
(3)	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5.	I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.
SECTION E. Understanding (44)	
1.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
(3)	I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4.	I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
1.	I HAVE HAD EXPERIENCE AS A TRANSLATOR.
(2)	I HAVE HAD EXPERIENCE AS AN INTERPRETER. <i>James Earl</i>
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV-CERTIFICATION	
<p>I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.</p>	
DATE SIGNED <i>10/2/61</i>	SIGNATURE <i>William H. Kearney</i>
(46)	(47)

**SECRET**  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE										
TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters										
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE/COMPONENT		
1-8		LAST (Print)		FIRST 7-24		MIDDLE		25-28		
0 61164		HARVEY		WILLIAM		K.		50		
INSTRUCTIONS										
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
PCS DATES OF SERVICE										
TYPE OF DATA		ARRIVAL			DEPARTURE			COUNTRY		OMIT
1. PCS (Basic) 3. CORRECTION 5. CANCELLATION		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
		27	28-29	30-31	32-33	34-35	36-37	38-39		
		3				03	21	66	ITALY	40-42 365
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
2. TDY (Basic) 4. CORRECTION 6. CANCELLATION		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
		27	28-29	30-31	32-33	34-35	36-37	38-39		
SOURCE OF RECORD DOCUMENT										
TRAVEL VOUCHER					DISPATCH					
<input checked="" type="checkbox"/> CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
IN 80062					22 March 1966					
REMARKS										
PREPARED BY			<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT		ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
C & L DIVISION			DATE 3/29/66		SIGNATURE <i>J.P.</i> Jackie E. Persinger					
<input checked="" type="checkbox"/> C & T DIVISION										

FORM 10-64 1451a USE PREVIOUS EDITIONS.

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and declassification

(4-10)

COMMONWEALTH OF AUSTRALIA  
AUSTRALIAN SECURITY INTELLIGENCE ORGANISATION

Office of the Director General

G.P.O. BOX NO. 51033B.,  
MELBOURNE

24 May, 1966.

*My dear Mr. Raborn*

My Liaison Officer in Rome has told me of the tremendous assistance and co-operation that he and his section received at all times from Mr. W.K. Harvey.

I understand that Mr. Harvey has now returned to Washington and I would like to say how much I appreciate all that he has done to assist the work of my officers in Rome.

With kindest regards and best wishes,

Yours *sincerely,*

*(C.C.F. SPRY)*  
(C.C.F. SPRY)

The Honorable W.F. Raborn,  
Director,  
Central Intelligence Agency,  
WASHINGTON.

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO:	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6  061164	(Print)  ELWIS, WILLIAM K.	7-24		25-26  50

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	ITALY	40-42
3 - CORRECTION									
5 - CANCELLATION	1				01	08	66		365

## TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

## SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

IN 26160

DOCUMENT DATE/PERIOD

4 Jan. 1966

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION	13 Jan. 1966	<i>Barry J. [Signature]</i>

FORM 10-64 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1  
Excluded from automatic  
downgrading and declassification

(4-10)

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-30
	LAST (Print)	FIRST	MIDDLE	
61164	HARVEY	William	K	50

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION; (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39	ITALY	365
	1	06	30	63					

## TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		

## SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

Rome 9550 IN 70727

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> FISCAL DIVISION	DATE 7/2/63	SIGNATURE [Signature]
<input checked="" type="checkbox"/> FINANCE DIVISION		

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE 130470 FEB 61**

**TO:**

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-5 <i>1161</i>	(Print) <i>...</i>	6-23 <i>...</i>		24-25 <i>34</i>

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMI
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
2 - CORRECTION									
3 - CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
4 - CORRECTION									
5 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>...</i>	DOCUMENT DATE/PERIOD
---	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

FORM 1451a  
6-58

**SECRET**

(4-10)



**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

130471 FEB 961

**TO:**

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-5	6-23			24-25
6-11	H. J. W.			34

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1. PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
3. CORRECTION									
5. CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2. TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4. CORRECTION									
6. CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

1. TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
151-1-1-1	

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

CONFIDENTIAL

(When Filled In)

O/R - Personnel T &amp; R

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ELIGIBLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.			
NAME OF EMPLOYEE (Last)		(First) (Middle)	
HARVEY		WILLIAM KING	
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE			
88 W. IRVING ST Chevy Chase, Md			
2. MARITAL STATUS			
CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, INDICATE PLACE OF MARRIAGE		DATE OF MARRIAGE	
Berlin		3/2/54	
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE	
IF WIDOWED, INDICATE PLACE SPOUSE DIED		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE		ADDRESS (No., Street, City, Zone, State)	
CIARA GRACE, Nee Follick		Above	
TELEPHONE NUMBER			
NAMES OF CHILDREN		ADDRESS	
JAMES		Same	
SALLY			
SEX		AGE	
M		12	
F		18 Mo	
NAME OF FATHER (Or male guardian)		ADDRESS	
Deceased			
TELEPHONE NUMBER			
NAME OF MOTHER (Or female guardian)		ADDRESS	
SARA K. HARVEY		Indianapolis, Ind 1615 Northwood Drive	
TELEPHONE NUMBER		CL 2579	
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?			
Mother			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle)		RELATIONSHIP	
Wife - Above			
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER	
		CL 4-5178	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
BANK & BANK OF SILVER SPRING HAMILTON NATIONAL			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

**CONFIDENTIAL**  
(When Filled In)

5. (CONTINUED) IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED? <p style="text-align: center; font-size: 1.2em;"><i>self &amp; wife jointly</i></p>		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHERE IS DOCUMENT LOCATED?		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY? <p style="text-align: right; margin-right: 50px;"><i>wife</i></p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT	DATE <p style="font-size: 1.2em;"><i>11/4</i></p>	SIGNATURE <p style="font-size: 1.2em;"><i>William H. Harney</i></p>

**CONFIDENTIAL**

00/Rev

S-E-C-R-E-T  
(When filled in)

## TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student : William K. Harvey

Office : WE

Year of Birth: 1915

Service Designation: D

Grade : 18

No. of Students : 1

EOD Date : 09/47

Instructor: Mrs. M. Lutyk

This is to certify that William K. Harvey  
received 92 hours of tutorial training in  
ITALIAN language.

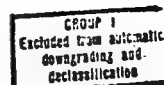
Beginner : XNon-beginner :       

FOR THE DIRECTOR OF TRAINING:

*Bengt C. Herder*  
BENGT C. HERDER  
Chief Instructor

10/21/63  
Date

S-E-C-R-E-T  
(When filled in)



Pre 1961 Personnel  
Material

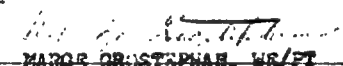
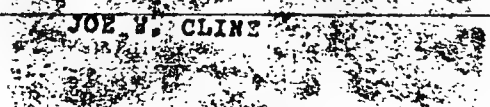
**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>28 November 1966</b>	
2. NAME (Last, First, Middle) <b>Harvey, William K.</b>		3. POSITION TITLE	4. GRADE <b>GS-18</b>
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT. <b>6765</b>	
7. PURPOSE OF EVALUATION <span style="float: right;">Room 3E 30</span>			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL - Executive  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. &amp; BUILDING</div> <div>EXT.</div> </div>	
10. COMMENTS  <p align="center"><b>QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS</b></p>			
11. REPORT OF EVALUATION  <div style="display: flex; justify-content: space-between;"> <div>DATE  <b>24 MAY 1967</b></div> <div>           SIGNATURE FOR CHIEF OF MEDICAL STAFF  <b>JOHN E. FIALLIC</b>            PHYSICAL REQUIREMENTS OFFICER         </div> </div>			

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>31 January 1966</b>	
2. NAME (Last, First, Middle) <b>HARVEY, William K.</b>		3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH <b>WE</b>		6. EMPLOYEE'S EXT.	
<b>7. PURPOSE OF EVALUATION</b>			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 34) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE	
		ROOM NO. & BUILDING	
		EXT.	
10. COMMENTS  <b>Qualified for Current Duties</b>			
11. REPORT OF EVALUATION			
<b>31 January 1966</b>			
DATE <b>31 January 1966</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>Peter J. Caughan</b>	

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>17 March 1965</b>
2. NAME (Last, First, Middle) <b>HARVEY, William E.</b>	3. POSITION TITLE <b>COS</b>	4. GRADE <b>GS-13</b>
5. OFFICE, DIVISION, BRANCH <b>WE DIVISION</b>		6. EMPLOYEE'S EXT. <b>7157</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> HQS/TDY  <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT         </div> <div style="border: 1px solid black; padding: 5px; width: 100%;">           ETD  <b>10 March 1965</b>            STATION  <b>Rome</b>            TDY OR PCS  <b>PCS</b>            TYPE OF COVER  <b>Integres</b>            NO. OF DEPENDENTS TO ACCOMPANY  <b>2</b>            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED  <b>0</b> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> RETURN FROM OVERSEAS   <div style="border: 1px solid black; padding: 5px;">             ETA               STATION               NO. OF DEP.'S           </div> </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <b>MAJOR DRUSTAPHAN, WE/PT</b> ROOM NO. & BUILDING <b>4-B-4401</b> EXT. <b>7157</b>
10. COMMENTS  <b>259 forwarded at request of Joe Clise. QUALIFIED FOR PROPOSED O S PCS</b>		
11. REPORT OF EVALUATION  <div style="text-align: center;"> <b>JOE Y. CLINE</b>   </div>		
DATE <b>13 22 65</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF

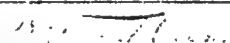


SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		17 March 1965	
2. NAME (Last, First, Middle)		3. POSITION TITLE	4. GRADE
Dependents of MARVAT, William K.		COS	GS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.	
WS DIVISION		7157	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TOY STANDBY Dependents: Wife: Clara G. Daughter: Sally J., 10 Aug 58  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETD  10 March 1965  STATION  + Rome  TOY OR PCS  D.C.  TYPE OF COVER  I-12345  NO. OF DEPENDENTS TO ACCOMPANY  2  NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED  0 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETA  STATION  NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNAT JRE <i>Harold G. Stephan, Sr/PT</i> HAROLD G. STEPHAN, SR/PT ROOM NO. & BUILDING 1. 5 1104 EXT. 7157	
10. COMMENTS			
259 forwarded at request of Joe Cline.			
11. REPORT OF EVALUATION			
QUALIFIED FOR PROPOSED O S PCS JOE W. CLINE			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>16 May 1963</b>																		
2. NAME (Last, First, Middle) <b>William K. Harvey</b>		3. POSITION TITLE <b>Chief of Station</b>																		
4. GRADE <b>GS-18</b>		5. OFFICE, DIVISION, BRANCH <b>WE Division</b>																		
6. EMPLOYEE'S EXT.																				
7. PURPOSE OF EVALUATION																				
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY-STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETD.</td></tr> <tr><td><b>o/a 1 July 1963</b></td></tr> <tr><td>STATION</td></tr> <tr><td><b>Rome</b></td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td><b>PCS</b></td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td><b>Integree</b></td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td><b>3</b></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td><b>0</b></td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td> </td></tr> <tr><td>STATION</td></tr> <tr><td> </td></tr> <tr><td>NO. OF DEP.'S</td></tr> <tr><td> </td></tr> </table>		ETD.	<b>o/a 1 July 1963</b>	STATION	<b>Rome</b>	TDY OR PCS	<b>PCS</b>	TYPE OF COVER	<b>Integree</b>	NO. OF DEPENDENTS TO ACCOMPANY	<b>3</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	<b>0</b>	ETA		STATION		NO. OF DEP.'S	
ETD.																				
<b>o/a 1 July 1963</b>																				
STATION																				
<b>Rome</b>																				
TDY OR PCS																				
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<b>3</b>																				
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<b>0</b>																				
ETA																				
STATION																				
NO. OF DEP.'S																				
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																		
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <b>MARGE GROSTEPHAN</b> ROOM NO. & BUILDING <b>4 B 4404</b> EXT. <b>7157</b>																		

10. COMMENTS  <b>Request evaluation for above PCS.</b>	
11. REPORT OF EVALUATION	
DATE <b>16 May 1963</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>1. DATE OF REQUEST</b> 16 May 1963																
<b>2. NAME (Last, First, Middle)</b> Dependents of William K. Harvey		<b>3. POSITION TITLE</b> Chief of Station	<b>4. GRADE</b> GS-18															
<b>5. OFFICE, DIVISION, BRANCH</b> WE Division		<b>6. EMPLOYEE'S EXT.</b> 5356																
<b>7. PURPOSE OF EVALUATION</b>																		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETO</td></tr> <tr><td>o/a 1 July 1963</td></tr> <tr><td>STATION</td></tr> <tr><td>Rome</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>Integree</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>3</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td>0</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>		ETO	o/a 1 July 1963	STATION	Rome	TDY OR PCS	PCS	TYPE OF COVER	Integree	NO. OF DEPENDENTS TO ACCOMPANY	3	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0	ETA	STATION	NO. OF DEP.'S
ETO																		
o/a 1 July 1963																		
STATION																		
Rome																		
TDY OR PCS																		
PCS																		
TYPE OF COVER																		
Integree																		
NO. OF DEPENDENTS TO ACCOMPANY																		
3																		
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																		
0																		
ETA																		
STATION																		
NO. OF DEP.'S																		
<b>8. OVERSEAS PLANNING EVALUATION (One block must be checked)</b>		<b>9. REQUESTING OFFICER</b>																
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Marge Grostephan</i> <b>MARGE GROSTEPHAN</b> ROOM NO. & BUILDING. 4 B 4404																
		EAT. 7157																

<b>10. COMMENTS</b> 89's on file in medical office - per telephone conversation 16 May 63	
<b>11. REPORT OF EVALUATION</b>	
DATE JUN 1963 SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>	

IRM 259 USE PREVIOUS EDITIONS.

SECRET

 GROUP 1  
 EXCLUDED FROM AUTOMATIC  
 DOWNGRADING AND  
 DECLASSIFICATION

(26)

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 25 January 1962
2. NAME (Last, First, Middle) <b>HARVEY, WILLIAM K.</b>		3. POSITION TITLE <b>Chief</b>
4. OFFICE, DIVISION, BRANCH <b>FI/Division D</b>		5. GRADE <b>GS-18</b>
6. EMPLOYEE'S EXT. <b>8471</b>		
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> <del>XXXXXXXXXXXX</del>  <input checked="" type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> NOGS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           ETO  <b>28 January 1962</b>            STATION  <b>Panama City, Panama</b>            TDY OR PCS  <b>TDY</b>            TYPE OF COVER  <b>Official State Department</b>            NO. OF DEPENDENTS TO ACCOMPANY  <b>NONE</b>            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           ERA             STATION             NO. OF DEPS         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		9. REQUESTING OFFICER
		SIGNATURE <i>[Signature]</i>
		ROOM NO. & BUILDING <b>1505 - I Building</b>
		EXT. <b>hh64</b>
10. REPORT OF EVALUATION		
11. COMMENTS		
<div style="float: right; text-align: right;"> <i>[Signature]</i>  <b>Qual</b> </div>		
DATE <b>1962</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET  
(When Filled In)

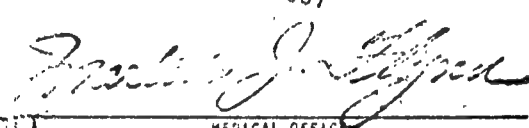
REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST											
2. NAME (Last, First, Middle) <b>Harvey, William K.</b>		20 October 1960											
3. POSITION TITLE <b>Division Chief</b>		4. GRADE <b>GS-18</b>											
5. OFFICE, DIVISION, BRANCH <b>FI Staff, Division D</b>		6. EMPLOYEE'S EXT. <b>8471</b>											
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"><tr><td>ETO</td></tr><tr><td>28 October 1960</td></tr><tr><td>STATION</td></tr><tr><td>Germany and Switzerland</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TDY</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>State Integree</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>None</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr></table>		ETO	28 October 1960	STATION	Germany and Switzerland	TDY OR PCS	TDY	TYPE OF COVER	State Integree	NO. OF DEPENDENTS TO ACCOMPANY	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED
ETO													
28 October 1960													
STATION													
Germany and Switzerland													
TDY OR PCS													
TDY													
TYPE OF COVER													
State Integree													
NO. OF DEPENDENTS TO ACCOMPANY													
None													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)													
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		9. REQUESTING OFFICER <table border="1"><tr><td>SIGNATURE</td></tr><tr><td><i>G. A. Kennedy, Jr.</i></td></tr><tr><td>G. A. Kennedy, Jr.</td></tr><tr><td>ROOM NO. &amp; BUILDING</td></tr><tr><td>1505 L</td></tr><tr><td>EXT.</td></tr><tr><td>4464</td></tr></table>	SIGNATURE	<i>G. A. Kennedy, Jr.</i>	G. A. Kennedy, Jr.	ROOM NO. & BUILDING	1505 L	EXT.	4464				
SIGNATURE													
<i>G. A. Kennedy, Jr.</i>													
G. A. Kennedy, Jr.													
ROOM NO. & BUILDING													
1505 L													
EXT.													
4464													

10. REPORT OF EVALUATION	
Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
2 NOV 1960	<i>[Signature]</i>

**SECRET**  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
1. REQUEST FOR PHYSICAL EXAMINATION BY <b>U.S. ARMY, FI/D ADJUT</b>		
2. NAME (Last) <b>HARVEY, William R.</b> (First) (Middle)		3. DATE <b>5 April 1960</b>
4. TO POSITION	5. OFFICE DIVISION BRANCH <b>FI/Division D</b>	6. GRADE <b>GS-10</b>
7. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	8. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Overseas <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Returned <input type="checkbox"/> Special (Specify)	
<b>II REPORT OF MEDICAL EVALUATION</b> <input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified  Remarks:		
<div style="text-align: center;"> <b>14 JUN 1960</b>  <b>QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED TOY U.S. ASSIGNMENT</b>  <b>SECRET</b>  <i>Roland</i>            MEDICAL OFFICE         </div>		

**SECRET**  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
<b>I. REQUEST FOR PHYSICAL EXAMINATION BY</b>			
1. NAME (Last)	(First)	(Middle)	2. DATE
HARVEY	William	K.	Sept 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH		5. GRADE
Germany	DDP/EE		09036
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas <b>PCS</b>	<input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <b>PCS</b> <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
<b>Second tour.</b>			
<b>II. REPORT OF MEDICAL EVALUATION</b>			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified	
Remarks: Please notify Corinne L. Hassell, X3041, of results.			
QUALIFIED FOR PROPOSED PCS OPS ASSIGNMENT - OCT 9 1957			
<div align="right">             MEDICAL OFFICER         </div>			

**SECRET**  
0-20100

REPORT OF PHYSICAL QUALIFICATIONS		
NAME H. Arvey, William King		DATE 8/21/52
FOR VOUCHERED EMPLOYEE ONLY		
NATURE OF ACTION	TITLE OF POSITION	
GRADE	<input type="checkbox"/> DEPT. <input type="checkbox"/> FIELD	
SUBJECT FOUND <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.		
FOR UNVOUCHERED EMPLOYEE ONLY		
SUBJECT QUALIFIED FOR: <input checked="" type="checkbox"/> FI		
<input type="checkbox"/> FULL DUTY OVERSEAS <input checked="" type="checkbox"/> LIMITED DUTY OVERSEAS <input type="checkbox"/> DUTY IN USA ONLY		
PROFILE SERIAL (MILITARY ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
DEFECTS NOTED AND/OR RECOMMENDATIONS:		
<p><i>Nox - arduous O.K. for TDY</i>  <i>o/s where medical</i>  <i>facilities are</i>  <i>available.</i></p> <p style="text-align: right;"><i>R. H. [Signature]</i></p> <p style="text-align: right;">PHYSICAL REQUIREMENTS OFFICER</p>		



080

REPORT PHYSICAL QUALIFICATIONS & DUTY

31 Jan 51 194

Harvey, William K. WAS GIVEN A PHYSICAL  
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

☒ Overseas

☐ FULL DUTY OVERSEAS ☐ LIMITED DUTY OVERSEAS ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

--	--	--	--	--	--

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIENTJEN, M.D.

# PHYSICAL QUALIFICATION RECORD

NAME  HARVEY, WILLIAM K.	NATURE OF ACTION  E.O.D.
TITLE OF POSITION  Intelligence Officer	GRADE  P-7
DEPARTMENT OR FIELD  Departmental	

Subject was found physically ☒ fit ☐ unfit for duty with this organization in the above grade and position. 10 May 1948

## RECOMMENDATIONS:

2 February 1949

DATE

*John R. Tietjen*  
SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

CENTRAL INTELLIGENCE AGENCY  
WASHINGTON 25, D. C.  
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

20 November 1948

Harvey, William C.O. WAS GIVEN A PHYSICAL  
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

☒ FULL DUTY OVERSEAS ☐ LIMITED DUTY OVERSEAS ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

☐ ☐ ☐ ☐ ☐ ☐

DEFECTS NOTED: None

John W. P. P. P.  
Capt., HQ

FORM NO. 37-32  
NOV 1947

(1093)

720

CENTRAL INTELLIGENCE GROUP  
WASHINGTON 25, D. C.  
**REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY**

10-16-20-2 194

SERGEANT, CIVILIAN WAS GIVEN A PHYSICAL  
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR  
PI OVERSEAS  
☒ FULL DUTY OVERSEAS    ☐ LIMITED DUTY OVERSEAS    ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

None

*John R. P. Patten*

FORM NO. 37-32  
JAN 1947

JOHN R. PATTEN, CAPT MC

(10333)

# APPLICATION FOR FEDERAL EMPLOYMENT

Form of revised  
Budget Bureau No. 50-2046

**INSTRUCTIONS**—Answer every question in this form. Write or print in INK. If you are applying for a position in the United States, attach your photograph and the application announcement carefully and fully with this form. Mark in application to the office named on the announcement. Be sure to mention the name of the office and any other forms required by the service desired. Notify the office with which you are applying of any change in your address.

SECTION B  
PERSONAL DATA

1. Name of examination, or kind of position applied for.

2. Optional subject (if mentioned in examination announcement).

3. Place of employment applied for.  
**O.I.O.**

4. First name, last name, middle name, initial, and date of birth.  
**William King Harvey**

5. Street and number or R. D. number.  
**2627 39th Street N.W.**

6. City or post office and county, postal zone, and State.  
**Washington, D. C.**

7. State of existing residence (State). If State please No. Home phone.  
**Kentucky OR 2914**

8. Place of birth (City and State if born outside U. S., name city and country).  
**Danville, Indiana**

9. Date of birth (month, day, year). Age last birthday. ☒ Male ☐ Female  
**9/13/15 31 185**

10. ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Weight: **185** pounds

11. Have you ever been employed by the Federal Government? ☒ Yes ☐ No  
If now employed by the Federal Government, give present grade and date of last change in grade.

## DO NOT WRITE IN THIS BLOCK

For Use of Civil Service Commission Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Submitted	<input type="checkbox"/> Entered register		
<input type="checkbox"/> Not approved	<input type="checkbox"/> Returned			
Notations	App. Review:	Approved:		
OPTION	GRADE	PAID RATING	PAYMENT RATING	ANNUAL RATING
			<input type="checkbox"/> 3 points (full)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Wife or Widow	
			<input type="checkbox"/> Dead	
			<input type="checkbox"/> Being Investigated	
INITIALS AND DATE				

Indicate "Yes" or "No" answer by placing X in proper column.

	YES	NO
12. (a) Would you accept short-term appointment if offered for—		
1 to 3 months		<input checked="" type="checkbox"/>
3 to 6 months		<input checked="" type="checkbox"/>
6 to 12 months		<input checked="" type="checkbox"/>
(b) Would you accept appointment if offered—		
in Washington, D. C.	<input checked="" type="checkbox"/>	
anywhere in the United States	<input checked="" type="checkbox"/>	
outside the United States	<input checked="" type="checkbox"/>	

13. (c) If you will accept appointment in certain locations ONLY, give acceptable locations.

(d) What is the lowest entrance salary you will accept per year? **CAP. 13 P 6**

You will not be considered for positions paying less.

(e) If you are willing to travel, specify ☐ Occasionally ☒ Frequently ☐ Constantly

14. **EXPERIENCE**—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing offices of agencies to determine your qualifications for the position for which you are applying. In the space provided below describe EVERY position you have held. Use a separate block for EACH position. You must include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and years per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 7 (Military Experience).

(a) If you were ever employed in any position under a name different from that shown in item 4 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION		
Name of employer (Month, year)	Exact title of your present position	Salary or earnings
From: To present time		Starting \$ per
Place of employment (city and State)		Present \$ per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment and division.	Description of your work:	
Kind of business or organization (e. g., wholesale and retail business, agency, firm, of local, etc.).		
Number and kind of employees supervised by you:		
Name and title of immediate supervisor:		
Reason for desiring to change employment:		

(CONTINUED ON NEXT PAGE)

16-47200-8

12/9/40 8/22/47 Washington, D. C. N.Y., N.Y., Pittsburgh, Pa., FBI - Dept. of Justice Law Enforcement-counter Intelligence various Name and title of immediate supervisor: D. N. Ladd Reason for leaving: voluntary		Exact title of your position: Special Agent & Supervisor Description of your work: Supervision of Counter-Intelligence operation		Salary or earnings: Starting \$ 3200 per annum Final \$ 7000 per annum
From 9/37 To 12/40 Name and address of employer (firm, organization, or person): Mayville, Ky Kind of business or organization (e. g., wholesale and insurance agency, etc.): Self Number and kind of employees supervised by you: None Name and title of immediate supervisor: None Reason for leaving: Voluntary		Exact title of your position: Attorney-at-law Description of your work: General Practice of law		Salary or earnings: Starting \$ per Final \$ per
From 6/31 To 9/33 Name and address of employer (firm, organization, or person): Danville, Indiana Danville Gazette Danville, Indiana Kind of business or organization (e. g., wholesale and insurance agency, etc.): Newspaper Number and kind of employees supervised by you: None Name and title of immediate supervisor: Alvin Hall, Editor Reason for leaving: Voluntary		Exact title of your position: Reporter & Printer Description of your work: General Newspaper Publishing business		Salary or earnings: Starting \$ per Final \$ per
From To Name and address of employer (firm, organization, or person): Kind of business or organization (e. g., wholesale and insurance agency, etc.): Number and kind of employees supervised by you: Name and title of immediate supervisor: Reason for leaving:		Exact title of your position: Description of your work:		Salary or earnings: Starting \$ per Final \$ per

If more space is needed, use a continuation sheet (Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and a telephone number. Attach to inside of this application.

[illegible]

(a) First Name and Last Name of Candidate: **WILEY**  
 Location: \_\_\_\_\_  
 Dates attended (months, years): \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rating received at end of this training: \_\_\_\_\_

(c) Duty assignment or rating after this training (give all important details in duty assignment whether or not you attended a Service School): \_\_\_\_\_  
 What did you do during this duty assignment? \_\_\_\_\_  
 Dates of duty assignment (months, years): \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 (e) Training received at Service School (if attended): \_\_\_\_\_  
 What did you do during this duty assignment? \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Dates attended (months, years): \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rating received at end of this training: \_\_\_\_\_

(g) Duty assignment after this training: \_\_\_\_\_  
 What did you do during this duty assignment? \_\_\_\_\_  
 Dates of duty assignment (months, years): \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

19. EDUCATION—Circle highest grade completed:  
 1 2 3 4 5 6 7 8 9 10 11 12  
 Mark (x) the appropriate box to indicate satisfactory completion of:  
☐ Elementary School ☐ Junior High School ☒ Senior High School

(a) Name and Location of College or University: **Indiana University, Bloomington, Indiana**  
 Major: **LAW**  
 Dates Attended: From **1933** To **1937**  
 Years Completed: Day **6** Night \_\_\_\_\_  
 Degrees Conferred: Title **LL.B.** Date **9/37**  
 Sem. enter Hours Credit **180**

(b) List Your Civil Undergraduate College Subjects: **Journalism** **20**  
**Phil & Psych** **20**  
 List Your Civil Graduate College Subjects: **Law** **95**

(c) Other training, such as postgraduate, Institute, Polytechnic given through the Armed Forces Institute (before, during and between of school), or "in service training" in a Federal agency:  
 Subjects Studied: \_\_\_\_\_  
 Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_  
 Years Completed: Day \_\_\_\_\_ Night \_\_\_\_\_

20. Indicate your knowledge of foreign languages:  
 READING SPEAKING UNDERSTANDING  
 (See Manual, Feb. 1944) (See Manual, Feb. 1944) (See Manual, Feb. 1944)  
**German** **I** \_\_\_\_\_  
 (a) How was your knowledge of foreign languages acquired?  
**Study**  
 (b) If you have traveled or resided in any foreign countries, indicate:  
 (1) names of countries (2) dates and length of time spent there and  
 (3) reason of purpose (e.g., business, education, recreation)

21. List any special skills you possess and machines and equipment you can use, such as operator of short-wave radio, multi-line compass, key punch, turret lathe, scientific or professional devices:  
 Approximate number of words per minute in typing: **50** shorthand

22. Are you now or have you ever been a member of a certified union or of any trade or professional union, as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)  
☒ Yes ☐ No Give kind of license and State: **Attorney**  
 First license or certificate (year): **'37 at Law - Ind. & Ky**  
 Second license or certificate (year): **'47**  
 Give any other special training and special education in your civilian life, such as:  
 (a) your more important publications (do NOT submit copies unless requested)  
 (b) your patents or inventions  
 (c) public speaking and public relations experience  
 (d) membership in professional or scientific societies, etc.

<b>23. PART I. NAMES</b> —List 10 persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of experienced trial under item 16 (EXPERIENCE).						
FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION				
B. F. Snell	Sycamore Bldg-Terre Haute, Indiana	Atty				
E. L. Zeigler	Cochran Bldg., Mayeville, Ky.	Atty				
A. M. Thurston	C.I.O.- Washington, D. C.					
<b>24. May inquiry be made of your present employer regarding your character, qualifications, etc?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Indicate "Yes" or "No" answer by placing X in proper column.						
<b>25. Are you a citizen of the United States?</b> <b>26. Do you advocate or have you ever advocated or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence?</b> If your answer is "Yes," give complete details in Item 38. <b>27. Within the past 12 months, have you habitually used intoxicating liquors as to excess?</b> <b>28. Since your 16th birthday, have you ever been arrested, or fined or imprisoned, or placed on probation, or have you ever been ordered to deposit bond for the violation of any law, peace regulation or ordinance (including minor traffic violations for which a fine of \$25 or less was imposed)?</b> If your answer is "Yes," list all such cases under Item 38 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken. <b>29. Have you ever been discharged or barred to return for misconduct or unsatisfactory service from any position?</b> If your answer is "Yes," give in Item 38 the nature and address of employer, date, and reason in each case. <b>30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?</b> If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay and under what retirement act, and rating if retired from military or naval service. <b>31. Are you an official or employee of any State, Territory, county, or municipality?</b> If your answer is "Yes," give details in Item 38. <b>32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months?</b> If your answer is "Yes," show in Item 38 for EACH such relative: (1) full name, (2) present address, (3) relationship, (4) department or agency by whom employed, and (5) kind of appointment. <b>33. Have you ever had a nervous breakdown?</b> If your answer is "Yes," give complete details in Item 38. <b>34. Have you ever had tuberculosis?</b> If your answer is "Yes," give complete details in Item 38.	<b>35. Have you any physical defect or disability whatsoever?</b> If your answer is "Yes," give complete details in Item 38. <b>36. (a) Were you ever in the United States Military or Naval Service during time of War?</b> <b>(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?</b> <b>(c) Was service performed on an active full time basis, with full military pay and allowances?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Date of entry or entries into service: See</td> <td style="width: 50%; padding: 5px;">Date of separation or separations: See</td> </tr> <tr> <td style="padding: 5px;">Branch of service (Army, Navy, M. C., C. G., etc.)</td> <td style="padding: 5px;">Serial No. (if none, give grade or rating at time of separation)</td> </tr> </table> <p style="font-size: small;">IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN BENEFITS, YOUR PREFERENCES WILL BE CONSIDERED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICE PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.</p> <b>37. (a) If you served in the U. S. Military or Naval Service during peacetime ONLY, did you participate in a campaign or expedition and receive a campaign badge or service star?</b> <b>(b) Are you a disabled veteran?</b> <b>(c) Are you the unmarried widow of a veteran?</b> <b>(d) Are you the wife of a veteran who has service-connected disability?</b> IF YOUR ANSWER TO QUESTION 37 (a), (b), (c), OR (d) IS "YES" AND YOU WISH TO CLAIM VETERAN BENEFITS, ATTACH TO THIS APPLICATION VETERAN BENEFIT CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.	Date of entry or entries into service: See	Date of separation or separations: See	Branch of service (Army, Navy, M. C., C. G., etc.)	Serial No. (if none, give grade or rating at time of separation)	Indicate "Yes" or "No" answer by placing X in proper column.
Date of entry or entries into service: See	Date of separation or separations: See					
Branch of service (Army, Navy, M. C., C. G., etc.)	Serial No. (if none, give grade or rating at time of separation)					
<b>38. Space for detailed answers to other questions (Indicate item numbers to which answers apply)</b>						
ITEM No.	ITEM No.					
If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.						
<b>FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 49)</b> I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.						
Date	Signature of applicant					
(When your name is ink (one given name, two if married, if female, prefix Miss or Mrs. and if married use your own given name)						



# PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS?

YES ☒

NO ☐

## SECTION 1. PERSONAL BACKGROUND

NAME	FIRST	MIDDLE	LAST	TELEPHONE
MR. <input checked="" type="checkbox"/>	William	King	Harvey	OR 2914
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
2627	39th Street N.W.	Washington, D. C.		U.S.A.
LEGAL RESIDENCE	STREET AND NUMBER	CITY	STATE	COUNTRY
Meysville		Kentucky		U.S.A.
NICKNAMES	OTHER NAMES THAT YOU HAVE USED			
None	None			
UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?				HOW LONG?
None				None
IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)				
None				

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
9/13/15	Danville,	Indiana		U.S.A.
PRESENT CITIZENSHIP	ACQUIRED BY:			
US	BIRTH <input checked="" type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/>			
NATURALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT	
LOCATION OF COURT	CITY	STATE	COUNTRY	
PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:	
None				
OTHER CITIZENSHIPS (GIVE PARTICULARS)				
None				

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE
	None	-	-
ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)			
None			
PASSPORTS OF OTHER NATIONS			
None			

IF BORN OUTSIDE U.S.	DATE OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY
	-	-	-
LAST U.S. VISA	NUMBER	TYPE	DATE
	-	-	-
			PLACE OF ISSUE
			-

## SECTION 2. PHYSICAL DESCRIPTION

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
31	M	5'	185	Green	Blonde
COMPLEXION	SCARS			BUILD	
Fair	triangular scar rt. cheek			Medium stocky	
OTHER DISTINGUISHING FEATURES					
mustache					



SECTION 3. MARITAL STATUS								
MARRIED <input checked="" type="checkbox"/>	WIDOWER <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE		PLACE			
SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>							
REASON FOR SEPARATION OR DIVORCE								
NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.								
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST	DATE OF MARRIAGE				
	Elizabeth	Hove	McIntire	Harvey	4/4/34			
PLACE OF MARRIAGE	(HIS OR HER ADDRESS BEFORE MARRIAGE)		STREET AND NUMBER	CITY	STATE	COUNTRY		
Bloomington, Indiana	Flamingsburg, Kentucky					U.S.A.		
LIVING <input checked="" type="checkbox"/>	DATE OF DECEASE		CAUSE					
DECEASED <input type="checkbox"/>								
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY			
	2627 39th Street N.W.		Washington, D. C.		U.S.A.			
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY			
2/3/16	Flamingsburg, Kentucky				U.S.A.			
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY			
USA	Birth							
OCCUPATION	LAST EMPLOYER							
Housewife	War Department - MDW - 1942-44							
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY			
	Pentagon Bldg		Washington D. C.		USA			
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE		COUNTRY			
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)								
See above, War Dept., MDW - Washington, D. C. 1942-1944								
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)								
NAME			RELATIONSHIP			AGE		
			NONE					
CITIZENSHIP	ADDRESS STREET AND NUMBER		CITY	STATE	COUNTRY			
NAME			RELATIONSHIP			AGE		
CITIZENSHIP	ADDRESS STREET AND NUMBER		CITY	STATE	COUNTRY			
NAME			RELATIONSHIP			AGE		
CITIZENSHIP	ADDRESS STREET AND NUMBER		CITY	STATE	COUNTRY			
SECTION 5. PARENTS								
NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET								
NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING <input type="checkbox"/>				
	Duncan	R. (only)	Harvey	DECEASED <input checked="" type="checkbox"/>				
DATE OF DECEASE	CAUSE							
7/25/16	Spinal Meningitis							
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY			
	S. Tennessee St.		Danville, Indiana		U.S.A.			
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY			
1888	Danville		Indiana		U.S.A.			
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY			
USA	Birth							
OCCUPATION	LAST EMPLOYER							
Attorney	Self							
EMPLOYER'S OR C.O.N. BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY			
	Danville		Indiana		U.S.A.			
SECTION 5. PARENTS (CONTINUED)								

SECTION 5. PARENTS (CONTINUED FROM PAGE 1)									
DATE OF MILITARY SERVICE		FROM		TO		BRANCH OR SERVICE		COUNTRY	
None									
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
NAME OF MOTHER		FIRST		MAIDEN		LAST		LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Sara		Jewel		King		Ervey			
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
607 1/2		South Center Street		Terre Haute,		Indiana		U.S.A.	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Danville		Indiana				U.S.A.	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Professor		Indiana State Teachers College							
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
		Terre Haute,		Indiana				U.S.A.	
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)									
NAME		FIRST		MIDDLE		LAST			
		None							
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST		MIDDLE		LAST			
		None							
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST		MIDDLE		LAST			
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
SECTION 7. PARENTS-IN-LAW									
NAME OF FATHER-IN-LAW		FIRST		MIDDLE		LAST		LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
James		Marvin		McIntire, Sr.					
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Fleming County, Kentucky						USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Attorney		Self							
NAME OF MOTHER-IN-LAW		FIRST		MAIDEN		LAST		LIVING <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/>	
Nannie		Ross		McIntire					
DATE OF DECEASE		CAUSE							
1942		Arterio-sclerosis							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1886		Fleming County, Kentucky						USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Housewife									

## SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
REASON FOR LISTING UNDER THIS QUESTION		
NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
REASON FOR LISTING UNDER THIS QUESTION		
NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
REASON FOR LISTING UNDER THIS QUESTION		

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME Dwight Harvey	RELATIONSHIP Cousin	AGE 45 approx.
CITIZENSHIP USA-Birth	ADDRESS STREET AND NUMBER Not known to me at present	CITY STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN) Colonel - U.S. Army		
NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)		
NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)		

## SECTION 9. EDUCATION

SCHOOL Public Schools	ADDRESS Danville, Indiana	CITY Terre Haute, Indiana	STATE INDIANA	COUNTRY USA
DATES ATTENDED	FROM 1921	TO 1928	DEGREE 8 yrs. Elementary Credit	
SCHOOL Wiley High School	ADDRESS Terre Haute, Indiana	CITY Terre Haute, Indiana	STATE INDIANA	COUNTRY USA
DATES ATTENDED	FROM 1928	TO 1931	DEGREE H.S. Diploma	
COLLEGE Indiana University	ADDRESS Bloomington Indiana	CITY Bloomington Indiana	STATE INDIANA	COUNTRY USA
DATES ATTENDED	FROM 1933	TO 1937	DEGREE Lib with Distinction (2 yrs. credit)	
COLLEGE	ADDRESS	CITY	STATE	COUNTRY
DATES ATTENDED	FROM	TO	DEGREE	

SECTION 10. SELECTIVE SERVICE (CONTINUED TO PAGE 5)

<b>SECTION 10: SELECTIVE SERVICE (U.S. CITIZENS ONLY)</b>			
CLASSIFICATION <b>II-A</b>	ORDER NUMBER <b>1194</b>	APPROXIMATE INDUCTION DATE <b>None</b>	BOARD NUMBER <b>K 113</b>
ADDRESS OF BOARD <b>Mayville, Mason County, Kentucky</b>		CITY <b>Mayville</b>	STATE <b>Kentucky</b>
IF DEFERRED, STATE REASON <b>Yes, 1942-1947 Special Agent- FBI- US Dept of Justice</b>			
<b>SECTION 11: MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN</b>			
COUNTRY <b>USA</b>	SERVICE <b>FBI-US D of J</b>	SERVICE DATES <b>12/9/40</b>	TO: <b>8/22/47</b>
GRADE <b>Special Agent</b>	SERIAL NUMBER <b>-----</b>	TYPE OF DISCHARGE <b>Voluntary Resignation</b>	
LAST STATION <b>Washington, D. C.</b>		COMMANDING OFFICER <b>-----</b>	
REMARKS:			
<b>SECTION 12: CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)</b>			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER <b>R. H. King Construction Co.</b>		JOB TITLE <b>Laborer</b>	
ADDRESS <b>Danville, Indiana</b>		KIND OF BUSINESS <b>Bridge Construction</b>	
YOUR DUTIES AND SPECIALITY <b>Construction Worker</b>		NAME OF SUPERVISOR <b>R. H. King</b>	
DATES COVERED <b>5/26</b>	FROM: <b>5/26</b>	TO: <b>9/26</b>	SALARY <b>\$10</b> PER <b>week</b>
REASONS FOR LEAVING <b>Return to school</b>			
EMPLOYER <b>Danville Gazette</b>		JOB TITLE <b>Reporter &amp; Printer</b>	
ADDRESS <b>Danville, Indiana</b>		KIND OF BUSINESS <b>Newspaper</b>	
YOUR DUTIES AND SPECIALITY <b>Editorial and Mechanical Work</b>		NAME OF SUPERVISOR <b>Alvin Hall, Editor</b>	
DATES COVERED <b>1931</b>	FROM: <b>1931</b>	TO: <b>1933</b>	SALARY <b>\$10-\$15</b> PER <b>week</b>
REASONS FOR LEAVING <b>To Enter University</b>			
EMPLOYER <b>Indiana University</b>		JOB TITLE <b>Publicity Writer</b>	
ADDRESS <b>Bloomington, Indiana</b>		KIND OF BUSINESS <b>See above</b>	
YOUR DUTIES AND SPECIALITY <b>Writing Athletic Publicity</b>		NAME OF SUPERVISOR <b>Various</b>	
DATES COVERED <b>Parttime 1934</b>	FROM: <b>1934</b>	TO: <b>1935</b>	SALARY <b>\$10-(Approx)</b> PER <b>week</b>
REASONS FOR LEAVING <b>Voluntary Resignation</b>			
EMPLOYER <b>Self</b>		JOB TITLE <b>Attorney-at-law</b>	
ADDRESS <b>210 Court Street, Mayville, Ky</b>		KIND OF BUSINESS <b>Practice of Law</b>	

(CONTINUED TO PAGE 6)

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
YOUR DUTIES AND SPECIALITY <b>General Legal Practice</b>			NAME OF SUPERVISOR <b>None</b>	
DATE COVERED <b>1937</b>	FROM <b>1940</b>	TO <b>1940</b>	SALARY <b>\$1500-2200</b>	PER <b>year</b>
REASONS FOR LEAVING <b>To enter FBI</b>				
EMPLOYER <b>Federal Bureau of Investigation</b>			JOB TITLE <b>Special Agent &amp; Supervisor</b>	
ADDRESS STREET AND NUMBER <b>Department of Justice Bldg. Washington, D. C.</b>			KIND OF BUSINESS <b>Law enforcement and counter intelligence</b>	
YOUR DUTIES AND SPECIALITY <b>Counter-Intelligence</b>			NAME OF SUPERVISOR <b>J. Edgar Hoover</b>	
DATE COVERED <b>12/9/40</b>	FROM <b>12/9/40</b>	TO <b>5/22/47</b>	SALARY <b>\$3200-\$7000</b>	PER <b>Annua</b>
REASONS FOR LEAVING <b>Voluntary Resignation</b>				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER			KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
DATE COVERED	FROM	TO	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS: <b>Absolutely None</b>				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME <b>D. P. Scwell</b>	ADDRESS STREET AND NUMBER <b>Jersey Ridge Rd. Mayeville, Ky.</b>			
NAME <b>B. F. Scull, Atty</b>	ADDRESS STREET AND NUMBER <b>Sycamore Bldg. Terre Haute Indiana</b>			
NAME <b>J. H. Finch, Sr.</b>	ADDRESS STREET AND NUMBER <b>Bank of Mayeville Mayeville, Ky.</b>			
NAME <b>Harry Stewart</b>	ADDRESS STREET AND NUMBER <b>Chief of Police PD Mayeville, Ky.</b>			
NAME <b>E. L. Zeigler, Atty</b>	ADDRESS STREET AND NUMBER <b>Cochran Bldg. Mayeville, KY</b>			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME <b>A. H. Thurston</b>	ADDRESS STREET AND NUMBER <b>§ C.I.O. Washington, D. C.</b>			
NAME <b>Matthew McPaire</b>	ADDRESS STREET AND NUMBER <b>U.S. District Court Washington, D. C.</b>			
NAME <b>J. A. Bennet, Lt. Col.</b>	ADDRESS STREET AND NUMBER <b>Andrews Field, Maryland</b>			
NAME <b>L. Whitson</b>	ADDRESS STREET AND NUMBER <b>Room 1734 Dept. of Justice Washington, D. C.</b>			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				

<b>SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)</b>			
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Richard Frear	2527 39th St. N.W.	Washington, D. C.	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
H. John Holzberg	2629 39th St. N.W.	Washington, D. C.	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Richard Callahan	2629 39th St. N.W.	Washington, D. C.	
<b>SECTION 16. MISCELLANEOUS</b>			
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF ANSWER IS "YES" EXPLAIN BELOW:			
DO YOU USE, OR HAVE YOU USED INTOXICANTS? <b>In Moderation</b>			
HAVE YOU EVER BEEN ARRESTED, IMPEACHED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE, AND DISPOSITION OF CASE.			
<b>NO</b>			
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IF ANSWER IS "YES", GIVE DETAILS BELOW:			
<b>SECTION 17. FINANCIAL BACKGROUND</b>			
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.			
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS			
Peoples Bank of Fleming County, Flemingsburg, Kentucky			
State National Bank, Maysville, Kentucky (Recently closed)			
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:			
<b>SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES</b>			
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Peoples Bank of Fleming County	Flemingsburg,	Kentucky	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
State National Bank	Maysville,	Kentucky	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
J. Garfinkel & Co.	Washington,	D. C.	
<b>SECTION 19. RESIDENCES FOR PAST 25 YEARS</b>			
FROM: 3/1942	TO: Late	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		2627 39th St. N.W.	Washington, D. C.
FROM: 2/1942	TO: 3/1942	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		Grace Court, Center Avenue	Pittsburgh, Pa.
FROM: 1/41	TO: 2/1942	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		45-71 Albertson Street	Alhambra, L.O. N.Y.C. N.Y.

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## SECTION 19. RESIDENCES FOR PAST 15 YEARS (CONTINUED FROM PAGE 7)

FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
9/1937	12/1940		Moreville	Ky.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1933	1937		Bloomington	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1931	1933	E. Main	Deville	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1928	1931	607 S. Center St.	Terre Haute	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

## SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES (NONE EXCEPT VISIT CANADA)

FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
9/10	9/10	Canada (S. Ste. Marie)		Fish
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE

## SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Sigma Chi		Bloomington	Indiana	USA
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Phi Delta Phi		"	"	"
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Order of Coif		"	"	"
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Rotary International		Moreville	Ky.	USA
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Natl. Rifle Association		Various		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Boy Scouts of America		Various		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
FBI Recreation Association		Washington, D. C.		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY

## SECTION 22. LANGUAGES-FOREIGN (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")

LANGUAGE	SPEAK	READ	WRITE
German		Slight	
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE



## SECTION 23. GENERAL QUALIFICATIONS

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE. ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter Intelligence, operations, analysis, and  
evaluation -

## SECTION 24. SPORTS AND HOBBIES

Fishing, hunting, firearms

## SECTION 25. EMERGENCY ADDRESSEE

NAME	Mrs. Elizabeth M. Harvey			RELATIONSHIP	wife
ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	TELEPHONE
	2527 39th Street N.W.	Washington, D. C.			OR 2014

## SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

NOTE

## SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT \_\_\_\_\_  
City State  
\_\_\_\_\_  
Witness

DATE \_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
Leg Res: Mayesville, Kentucky

**PARENTAGE:** Father: Druman R. Harvey Place: Danville, Indiana  
Birth: 1888  
Mother: Sara Jewel King Harvey Place: Danville, Indiana  
Birth: 1890

**RELATIVES ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
Dates: 1928 to 1931  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
Dates: 1931 to 1933  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937  
Practice of Law, Mayesville, Kentucky  
Dates: 1937 to 1940  
F.B.I., Special Agent  
Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL STATUS:** Married to: Elisabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Ky.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Mammie Ross McIntire - now deceased  
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
Washington, D. C. Tel: ORday 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey  
2627 - 39th St., N. W.  
Washington, D. C. Tel: ORday 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
Log Res: Mayeville, Kentucky

**PARENTAGE:** Father: Drenan R. Harvey  
Birth: 1888 Place: Danville, Indiana  
Mother: Sara Jewel King Harvey  
Birth: 1890 Place: Danville, Indiana

**RELATIVES**  
**ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
Dates: 1928 to 1931  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
Dates: 1911 to 1933  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937  
Practice of Law, Mayeville, Kentucky  
Dates: 1937 to 1940  
F.B.I., Special Agent  
Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL**  
**STATUS:** Married to: Elizabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Sr.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Hannie Ross McIntire - now deceased  
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
Washington, D. C. Tel: ORDway 2914

Emergency Addressee: Mrs. Elizabeth H. Harvey  
2627 - 39th St., N. W.  
Washington, D. C. Tel: ORDway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
Leg Res: Mayeville, Kentucky

**PARENTAGE:** Father: Drenan R. Harvey Place: Danville, Indiana  
Birth: 1888  
Mother: Sara Jewel King Harvey Place: Danville, Indiana  
Birth: 1890

**RELATIVES ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
Dates: 1928 to 1931  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
Dates: 1931 to 1933  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937  
Practice of Law, Mayeville, Kentucky  
Dates: 1937 to 1940  
F.B.I., Special Agent  
Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL STATUS:** Married to: Elizabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Sr.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Mammie Ross McIntire - now deceased  
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elizabeth H. Harvey  
2627 - 39th St., N. W.  
Washington, D. C. Tel: ORdway 2914

SECRET

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
 Log Res: Maysville, Kentucky

**PARENTAGE:** Father: Drenan R. Harvey Place: Danville, Indiana  
 Birth: 1888  
 Mother: Sara Jewel King Harvey Place: Danville, Indiana  
 Birth: 1890

**RELATIVES ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
 Dates: 1928 to 1931  
 Indiana University, Bloomington, Indiana  
 Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
 Dates: 1931 to 1933  
 Indiana University, Bloomington, Indiana  
 Dates: 1933 to 1937  
 Practice of Law, Maysville, Kentucky  
 Dates: 1937 to 1940  
 F.B.I., Special Agent  
 Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL STATUS:** Married to: Elisabeth Howe McIntire Harvey  
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
 Dependents: None besides wife  
 Father-in-law: James Marvin McIntire, Sr.  
 Birth: 1880 Place: Fleming County, Ky.  
 Mother-in-law: Maude Ross McIntire - now deceased  
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
 Washington, D. C. Tel: Ordway 2914

Emergency Addresses: Mrs. Elisabeth M. Harvey  
 2627 - 39th St., N. W.  
 Washington, D. C. Tel: Ordway 2914

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CONFIDENTIAL

SECURITY OFFICE

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Investigation Report

Date: October 8, 1947

Number: 32814

Subject: HARVEY, William King

To: CPD (2)

1. Investigation directed by: KRC

2. Sources of information: OSO

3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED. THOUGH SUBJECT  
IS SUBJECT OF DEROGATORY INFORMATION AT SOME  
RE DATE. INTERVIEW WAIVED.  
IF THE APPLICANT ENTERS UPON DUTY WITHIN  
30 DAYS FROM ABOVE DATE. THIS APPROVAL BECOMES  
INVALID.

*Branch notified of  
this report (orig) sent to  
Special Agent 9 Oct. 1947.*

CC: Mr. Judson H. Lightsey

By RHC/Em  
Security Officer  
ROBERT H. CUNNINGHAM

CONFIDENTIAL

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(1784)

MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

SECRET  
SECURITY INFORMATION

TO : Chief, Communications  
Acting  
FROM : Chief, Security Division  
SUBJECT: HARVEY, William King  
3231h

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

*E. P. Geiss*  
E. P. Geiss

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